This memorandum provides guidance and information regarding policies and relaxed contractual requirements to assist in the infection control and prevention of the Coronavirus Disease 2019 (COVID-19).

General Requirements

I. **Copays**

Waive copay amounts for testing for COVID-19.

II. **Alternative Places of Service**

Utilize alternative places of service, when appropriate, to address medical concerns such as telehealth/telemedicine.

III. **Coordination and Collaboration for Members receiving Home Health or Private Duty Nursing Services (T21 Transition Process)**

MCOs should have a formal screening process for potential exposure for COVID that will be applied to both member and for MCO employee participating in any potential face-to-face visits. For any concern for COVID exposure or if a patient prefers not to participate in a face-to-face visit. MCOs are not expected to complete contractually required face-to-face and/or in home visits in accordance with the requirements to transition members who are turning 21. In home visits/face-to-face activities required in Section A.2.9.4 of the Contract may be conducted telephonically or using HIPAA compliant telehealth options until it has been determined that normal activities are safe to resume. Telehealth options that would permit actual visual connection with the member is preferred.

IV. **Coordination and Collaboration for Members receiving Home Health or Private Duty Nursing Services (T21 Transition Process)**

MCOs should have a formal screening process for potential exposure for COVID that will be applied to both member and for MCO employee participating in any potential face-to-face visits. For any concern for COVID exposure or if a patient prefers not to participate in a face-to-face visit MCOs are not expected to complete contractually required face-to-face and/or in home visits in accordance with the requirements to transition members who are turning 21. In home visits/face-to-face activities required in Section A.2.9.4 of the Contract may be conducted telephonically or using HIPAA compliant telehealth options until it has been determined that normal activities are safe to resume. Telehealth options that would permit actual visual connection with the member is preferred.
V. Liquidated Damages

MCOs will not be subject to assessment of liquidated damages for failure to meet contractual requirements arising from response to COVID-19 when managed in accordance with this guidance and documented accordingly.

Long-Term Services and Supports

I. CHOICES Care Coordination Visits and ECF CHOICES Support Coordination Visits

A. CHOICES Members in Nursing Facilities

For purposes of this memo, a “visitor” shall be defined as any person entering a home or facility who does not live or work in the home or facility.

Nursing Facilities should follow CMS guidance issued for Nursing Facilities. The most recent current version of this guidance, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED), was issued on March 9, 2020 and sent to health plans and providers on March 10, 2020.

That guidance specifically addresses restricting, limiting, or discouraging visits to the facility by persons other than staff. Because the guidance advises Nursing Facilities to limit visits in counties where a COVID-19 case has occurred and in other counties adjacent to such counties, and to discourage visitation in all other nursing facilities (except in limited situations), MCOs should generally avoid in-person visits to Nursing Facility residents at this time in order to minimize potential resident exposure.

Accordingly, MCOs are not expected to complete contractually required face-to-face care coordination or other visits pending further notification once the infection risk to residents has subsided. See below for specific instructions regarding how these visits to CHOICES Group 1 members should be addressed.

- Semi-annual face-to-face care coordination visits (quarterly for residents under age 21) required pursuant to CRA Section 2.9.6.10.4.3.6 may be conducted telephonically or using HIPAA compliant telehealth options. Alternatively, these visits can be delayed and completed once visitor restrictions are lifted, so long as the MCO is not aware of any concerns that would warrant immediate contact.

- Visits contractually required within 10 days of notification of admission of a new resident to a nursing facility (see Section 2.9.6.10.4.3.2) shall be completed but may be conducted telephonically or using HIPAA compliant telehealth options.
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- Contractually required visits related to transition of NF residents to the community (Section 2.9.6.8. et seq.) shall also be completed but may be conducted telephonically or using HIPAA compliant telehealth options. MCOs should be responsive to requests from members (or their families) to transition home in order to minimize risk of infection, and should work with the member (and family, as applicable) to see if the person can be safely transitioned to the community as expeditiously as possible. Please contact TennCare LTSS to expedite transition processes to CHOICES Group 2.

Nursing facilities are not expected to notify MCOs or TennCare regarding restrictions or limitations on visitors to their facilities. Nor are MCOs obligated to maintain lists of NF providers imposing such restrictions or limits. Based on an announcement from CMS today, guidance is expected to be updated shortly to restrict all visitors and non-essential staff from nursing facilities, except in limited circumstances, such as end of life.

MCOs should continue to communicate with clinical leadership at each of the contracted Nursing Facilities in order to identify any potential infection or other quality concerns, and to provide support as needed to help ensure that residents’ needs are met.

MCOs and their contracted NF providers should also continue to monitor the CMS and CDC websites for updated information and guidance and make adjustments as needed to protect the health and safety of residents.

B. CHOICES and ECF CHOICES Members Receiving Home and Community Based Services

CHOICES Members in Assisted Care Living Facilities

Minimally required face-to-face visits for CHOICES 2 or 3 members in ACLFs shall be completed but should generally be conducted telephonically or using other HIPAA compliant telehealth options. Telehealth options that would permit actual observation of the member are preferred. Given the higher volume of residents in an ACLF, face-to-face visits should be limited to the extent possible until further notice once the infection risk to residents has subsided.

CHOICES and ECF CHOICES Members Receiving Community Living Supports (including Family Model)

CLS providers may generally not impose absolute restrictions on all visitors to a home. As is the case for anyone living in the community, the people who live in the home where CLS is provided are in control of the home and can exercise decision-making authority regarding visitors to their home. MCOs, CLS providers, family members and others should support members (or authorized legal representatives, as applicable) in making informed decisions regarding visitors, including the potential risk of infection during this time. A CLS provider (or staff) may, however, restrict a visitor from entering the home who meets any of the following:

1. Has engaged in international travel within the last 14 days to restricted countries.
2. Has signs or symptoms of a respiratory infection, such as a fever, cough and sore throat.

3. Has had contact with someone diagnosed with or under investigation for COVID-19.

**MCO Care Coordination and Support Coordination staff shall be required to complete minimally required contacts for all CHOICES and ECF CHOICES members receiving HCBS, including CLS, but minimal face-to-face visits may be conducted telephonically or using other HIPAA compliant telehealth options.** Telehealth options that would permit actual observation of the member are again preferred. The tablet used for purposes of EVV may offer good alternatives.

MCOs should carefully review CMS guidance for Home Health Agencies (available at [https://www.cms.gov/files/document/qso-20-18-hha.pdf](https://www.cms.gov/files/document/qso-20-18-hha.pdf)) regarding screening of staff and members. **CHOICES Care Coordinators and ECF CHOICES Support Coordinators should be carefully screened prior to having face-to-face contact with members.**

MCOs should also speak with HCBS participants (or their caregivers, as appropriate) prior to a face-to-face care coordination or support coordination visit to determine whether the member or any other person in the whom has potential symptoms of COVID-19 or exposure to the disease. If there are concerns regarding potential illness or exposure, MCOs should take actions, as appropriate, to contact the local health department if testing is warranted.

Even if there are no known risks, **MCOs should offer to complete all contractually required face-to-face visits for HCBS participants telephonically or using other HIPAA-compliant telehealth options for the time being.**

Of course, a member (or his/her legal representative or health care designee) may refuse a care coordination or support coordination visit at any time. This should be documented in the care management system, including the reason for such denial. MCOs should not encourage members to refuse these visits, especially when completed using methods that pose no risk of exposure.

Comparable guidance is applicable to Supports Broker services provided by PPL to individuals participating in Consumer Direction and will be communicated to PPL by TennCare.

**II. Assessments**

Any assessment requiring a face-to-face visit (including but not limited to PAE and PASRR) in order to establish or maintain level of care eligibility shall be completed but may be conducted telephonically or using HIPAA compliant telehealth options. Telehealth options that would permit actual observation of the applicant are preferred in order to gather the most accurate information. Annual level of care reassessments for individuals with an open PAE (i.e., no end date) may be delayed and completed once visitor restrictions are lifted. Annual PCSP reviews, IEAs, and other required documents may also be completed in this manner.
III. Electronic Signatures and Verbal Authorizations

Members (or their authorized representative) are permitted to provide electronic signatures or when an electronic signature cannot be obtained, may provide verbal authorization, with signature by the Care Coordinator or Support Coordinator on their behalf, noting the circumstances under which this authorization was made.

IV. Provision of Long-Term Services and Supports

MCOs and their contracted providers remain obligated to ensure that members receive long-term services and supports. Members and their families depend on these services to help ensure members’ health and safety.

All LTSS providers (NF and HCBS) should carefully review CMS guidance for Home Health Agencies (available at https://www.cms.gov/files/document/qso-20-18-hha.pdf) regarding screening of staff and members to minimize risk of infection exposure to those receiving supports.

MCOs and their contracted providers should carefully review back-up plans in the event that a scheduled staff person is not able to provide care. MCOs should also be working with providers to identify potential capacity to step in if another provider is unable to deliver care. MCOs should specifically identify those members for whom continuity of care is most critical, and focus particular efforts on redundant back-up strategies for those members.

CLS providers should work with persons they support to help them make informed decisions regarding activities outside the home. The Centers for Disease Control and Prevention (CDC) is currently recommending social distancing to minimize risk of contracting the disease if COVID-19 is spreading in your community. This is especially important for people who are at higher risk from the disease, including persons age 60 and older and those with chronic health conditions. Providers should help to ensure individuals are aware of CDC guidance around social distancing in order to minimize the risk of infection, but providers shall not implement absolute restrictions on all integrated community activities.

Likewise, members should be supported to make informed decisions regarding Community Integration Support Services. This does not mean that persons supported should be restricted from receiving these services or participating in all community activities. It does mean, however, that providers should help persons supported and their families or authorized representatives, as applicable, understand the potential risk of exposure so they can make informed decisions about participation in community activities.

As with Care or Support Coordination visits, a member can refuse services at any time. This refusal should be documented in the care management notes, the EVV system (as applicable), and late and missed visit reporting (as applicable), including the circumstances surrounding the refusal.

While TennCare will continue to track service gaps, TennCare will not expect that a person is disenrolled for
refusing to receive services during this period of heightened COVID-19 risk.

MCOs should be mindful of reassessing needs when a service is not available or when a person elects not to participate in the service due to potential risk of exposure to COVID-19. If, for example, an Adult Day Program closes temporarily, MCOs should assess the need for alternative services to ensure the members’ needs are met while the facility is closed. Likewise, the MCO should assess whether a member who chooses to socially distance and avoid risk of engaging in Community Integration Support Services needs alternative services in the short-term.

V. LTSS Provider Recredentialing Site Visits

In the interest of minimizing both risk to exposure of the infection and administrative burden, MCOs may also temporarily delay provider credentialing site visits to LTSS providers. MCOs are encouraged to take advantage of streamlined recredentialing processes, by accepting the visit completed by another MCO using the agreed upon tool and an electronic attestation of continued compliance.

VI. CHOICES and ECF CHOICES Advisory Group Meetings

These meetings should be conducted telephonically or via Webex or other electronic means, or can be delayed until the risk of infection has subsided.