



January 13, 2021

**Guidance for Adult Daily Living Providers Delivering
Telephonic or Remote Services During the COVID-19 Public Health Emergency- Revised**

Audience: Adult Daily Living Services providers, Service Coordination Entities (SCEs), and Community HealthChoices (CHC) Managed Care Organizations (MCO)

Purpose: The purpose of this document is to provide operational guidance to Adult Daily Living providers for the new Appendix K flexibilities approved for the CHC and OBRA Waivers during the COVID-19 public health emergency (PHE).

Background: In response to COVID-19, the Office of Long-Term Living (OLTL) submitted an amendment to Appendix K to the Centers for Medicare and Medicaid Services (CMS) for the CHC and OBRA Waivers on November 20, 2020; this amendment was approved by CMS on December 7, 2020. The purpose of the amendment was to provide additional flexibilities to Adult Daily Living providers.

Discussion: Adult Daily Living services can provide an invaluable service during this time, where isolation and anxiety are widespread. Adult Daily Living is a structured program that provides participants with socialization, supervision and monitoring, personal assistance, and nutrition, in a non-institutional, community-based center on a regularly scheduled basis for one or more days per week, or as specified in the service plan.

To help ensure access to Adult Daily Living services during the COVID-19 PHE, Adult Daily Living providers may provide Adult Daily Living services to participants in their homes and/or remotely using phone or video conferencing. Adult Daily Living services may be delivered to participants in their homes if all parties (1) agree to meeting in person; (2) comply with CDC guidance on social distancing and group gatherings and the use personal protective equipment (PPE); and (3) are without symptoms of infection, known to be COVID-negative or to be recovered. Adult Daily Living services delivered telephonically or via web-based platforms, including those discussed below, must be offered at the participant's option and reflect the participant's interests, goals, and preferences, as identified and documented in the participants Person-Centered Service Plan (PCSP).

Allowable Services:

- Socialization and Therapeutic Activities – Adult Daily Living providers should develop a series of remote activities that address participants' need for interaction, engagement, and activity. Methods for delivering remote activities include using Skype, Google Meet, Zoom, FaceTime, smartphones, electronic or computer tablets, computers, or other modalities, to engage participants with stretching activities, games, educational activities, arts and crafts, interventions to promote individual orientation of person, time, and place, and other group activities. These activities may be conducted individually or in groups.

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For participants without internet or smart phone/tablet/computer, staff of the Adult Daily Living provider may deliver audio books and players, music players, arts and craft supplies, and games, and set up times to phone in to activities held remotely. Any deliveries should be made while adhering to social distancing and infection control guidance issued by the Pennsylvania Department of Health and the CDC for home care.

- Remote Monitoring/Wellness Checks – Adult Daily Living providers may use appropriate level staff to call participants and conduct wellness checks to ensure the health and well-being of each participant. Wellness Checks should be made based on the participant’s needs. The conversation with the participant should follow the checklist found in Attachment A and give the Adult Daily Living staff an indication of the health and well-being of the participant. A qualifying wellness check includes, but is not limited to, inquiries/reminders on the following:
 - Overall health status, including emotional well-being, need for care, and any signs or symptoms of illness
 - Meals, routines, and medication adherence
 - Social isolation and self-quarantine, including the availability/use of informal supports and access to groceries or emergency suppliesExpressed anxiety or issues with food security, adequate supplies and required medications, should be addressed by providing assurances, and immediately notifying the participant’s Service Coordinator of any need for intervention, or other indications, where intervention may be required.
- Meal or food delivery to the participant’s permanent or temporary residence
- Remote Nursing Services – remote nursing services may be conducted individually by a licensed nurse by phone or a secure, HIPAA compliant web-based platform.

Reimbursement for Telephonic and Remote Services

Adult Daily Living providers may bill for services delivered Monday through Friday using the existing Adult Daily Living Basic Half Day procedure code (~~S5100~~) (**S5102**) and modifier U5 under their current authorizations and at a rate negotiated between the Adult Daily Living provider and the CHC-MCO.

Note: Adult Daily Living providers who wish to provide telephonic and remote services but are currently enrolled to provide enhanced services only must contact OLTL’s enrollment team at RA-HCBSEnProv@pa.gov to enroll as a provider of Basic Adult Daily Living Services. Providers who are enrolled to render Enhanced Adult Daily Living Services would meet the requirements to also render Basic Adult Daily Living Services, and OLTL’s enrollment team will not require additional documentation from these providers. Providers operating in CHC should also contact the CHC Managed Care Organizations to ensure they are properly enrolled to provide telephonic and remote services.

Additionally, when services are related to COVID-19, providers must use the following ICD-10-CM billing codes –

Z03.818 - *Encounter for Observation for Suspected Exposure to Other Biological Agents Ruled Out*, for claims where there is a concern about a possible exposure to COVID-19.

Z20.828 - *Contact with And (Suspected) Exposure To Other Viral Communicable Diseases*, where there is an actual exposure to someone who is confirmed to have COVID-19.

- When temporary Appendix K changes are implemented as a precautionary measure to protect a participant, even when there is no concern for possible exposure, providers must use **Z03.818** in addition to the primary diagnosis code used when billing for HCBS services.
- Where a participant is exposed to or tested positive for COVID-19, providers must use **Z20.828** in addition to the primary diagnosis code when billing for all HCBS services, not just those approved in Appendix K.

Services must be provided in accordance with the participant's approved PCSP.

To qualify for reimbursement, Adult Daily Living providers must 1) conduct a remote Wellness Check and 2) provide one of the following services in in the same day:

- Remote socialization and therapeutic activities conducted individually or in groups in accordance with HIPAA requirements
- Remote nursing services conducted individually by a licensed nurse in accordance with HIPAA requirements, or
- Meal or food delivery to the beneficiary's permanent or temporary residence

Documentation Requirements:

All remote service delivery must be clearly documented in the participant's record (HCSIS for OBRA Waiver participants or the CHC-MCO's case management system for CHC Waiver participants), and include the information noted below. In addition, documentation must indicate that the service was completed telephonically or via a web-based platform due to COVID-19, note any limitations of the service, and include a plan to follow up on any medically necessary components deferred due to those limitations.

- Documentation for remote **socialization and therapeutic activities** must (1) describe the therapeutic activities conducted; (2) note the objectives of the therapeutic activities; (3) identify the attendees of the session; (4) identify the PCSP goals addressed by the session; (5) describe the modality used (e.g., Skype) and (6) identify the staff person leading the session.
- Documentation for remote **monitoring and wellness checks** must summarize the content of their contact with the participant based on the OLTL approved checklist (see Attachment A).
- Documentation for remote **nursing services** must (1) describe the clinical activities conducted; (2) note the objectives of the activities; (3) describe the modality used (e.g., Skype) and (4) identify the licensed nurse leading the session and their clinical qualifications (e.g., BSN).

Questions:

Questions about the information in this guidance should be directed to the following:

- CHC Waiver Providers:
 - AmeriHealth Caritas/Keystone First

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- PA Health & Wellness
 - UPMC Community HealthChoices
- OBRA Waiver Providers:
 - OLTL Provider Helpline at 1-800-932-0939

ATTACHMENT A
ADULT DAILY LIVING REMOTE WELLNESS CHECKLIST

Provider:				
Participant's Name:		Date of Birth:		
Who did you speak with?		Date and Time of Contact:		
QUESTIONS			YES	NO
Do you have enough food and fluids?				
Are you taking all of the medicines your doctor told you to take?				
Are there any essential supplies that you need?				
Is your worker/caregiver available to help you?				
Remind the participant to contact their doctor if they don't feel well. If the participant has any significant change in their health or reports new medical complaints, then the caller shall notify the center's nurse.				
Comments:				
Signature of Employee:			Print Name:	
By signing above, I hereby certify, under penalty of perjury, that the foregoing information is true and correct. This record will be maintained for at least 5 years from the date of creation and shall immediately be made available to the Pennsylvania Department of Human Services upon request.				

