

Transition Plan to Phase Out Temporary Changes to the Act 150 Program

The issuance of this document makes the following document obsolete as of May 11, 2023:

- [Temporary Changes to the Act 150 Program \(Revised\) Guidance](#), issued March 25, 2021

Since March 6, 2020, the Office of Long-Term Living (OLTL) has been operating under the Appendix K, Emergency Preparedness and Response amendment approved by the Centers for Medicare & Medicaid Services (CMS). Appendix K allowed temporary changes to the Community HealthChoices and OBRA 1915(c) waivers in response to the COVID-19 global pandemic. OLTL extended the same flexibilities to the Act 150 Program.

After receiving feedback from stakeholders on the importance of returning to face-to-face assessments and service delivery, OLTL is discontinuing the emergency flexibilities noted below and is returning to pre-emergency operations as outlined in the approved CHC and OBRA waivers. Providers should make any changes that are necessary to resume normal operations and be in compliance with the Act 150 program guidelines by May 11, 2023. Service Coordinators should work with participants and providers to ensure a seamless transition to normal operations.

In accordance with the CMS approved Appendix K amendment, Participants will transition back to pre-emergency service modalities by May 11, 2023. As all changes in this Appendix K are specific to COVID-19 impacts, once the emergency has abated, there will no longer be a need for participants to maintain service changes allowable through Appendix K. In the event services on the Person-Centered Service Plan (PCSP) are provided in a modified manner to address COVID-19-related needs, CHC-MCO Service Coordinators must notify participants that services will revert to service modalities that were in place prior to being impacted by COVID-19.

The following flexibilities no longer be in effect after May 11, 2023.

Appendix K Flexibility	Guidance
<p>Personal Assistance Services (Agency and Consumer-Directed)</p>	<p>Spouses, legal guardians, representative payees and persons with power of attorney may no longer serve as paid direct care workers. Those previously approved as direct care workers will not be paid for hours worked after May 11, 2023.</p> <p>Service Coordinators should work with participants to hire additional workers or transition to agency model services.</p>
<p>Initial Level of Care Assessments</p>	<p>Initial level of care assessments using the FED that take place in the participant’s home must be conducted face-to-face.</p> <p>Assessors must receive education and training from the Independent Assessment Entity on how to evaluate individual risk factors and protect themselves from potential exposure according to the guidance issued by the CDC and the Department of Health.</p> <p>Assessors must follow the guidance issued by the Independent Assessment Entity for resuming face-to-face assessments and maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.</p> <p>Initial level of care assessments using the FED that take place in nursing facilities may no longer be conducted remotely using phone or video conferencing. Assessors should follow guidance around visitation in nursing facilities that is issued by the CDC and the Department of Health.</p>
<p>Needs Assessments/ Reassessments</p>	<p>Assessments and Reassessments, including the comprehensive needs assessment, must be conducted face-to-face. Service Coordinators should maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.</p> <p>Service Coordinators must receive education and training from the Service Coordination Entity on how to evaluate individual risk factors and protect themselves from potential exposure according to the guidance issued by the CDC and the Department of Health.</p>

Appendix K Flexibility	Guidance
Individual Service Planning/Service Coordination	Service Coordinators must monitor participants and individual service plans (ISP) through face-to-face contacts. Service Coordinators should maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.
	Service planning team meetings and ISP development must be conducted face-to-face. Service Coordinators and any other members of the service planning team should maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.
Retainer Payments to Address Emergency Related Issues	Retainer payments to direct care workers providing Personal Assistance Services in both the agency and consumer-directed models may no longer be made.