

iBudget Provider COVID-19: Frequently Asked Questions

March 31, 2020

Topic	Question	Answer
Visitation	Are there restrictions on visitors entering facilities?	Yes. To protect the health and safety of residents in a long-term care facility, group home setting, or Institutional Care Facility (ICF), visitation in these living settings has been suspended with few exceptions. See Emergency Order DEM 20-006 more information.
Visitation	Can Waiver Service Coordinators (WSC) minimize face to face contacts?	<p>Yes. Providers should employ alternative forms of communication such as telephonic or video conferencing in lieu of in-person visits. Please refer to the March 13, 2020 waiver support coordinator (WSC) Advisory for more information: https://apd.myflorida.com/waiver/docs/WSC%20Advisory%202020-009%20COVID-19%20and%20Consumer%20Contact%20Requirements.pdf.</p> <p>In addition, support plans and waiver eligibility worksheets can be completed telephonically temporarily. Once the in-person visits are re- instated, WSCs should conduct a visit in recipients’ homes to assess the safety of the living environment.</p>
Visitation	Are family members able to visit their loved one receiving services in a facility setting? What if the family member wants to take their loved one home or for an outing during this public health emergency?	Emergency Order DEM 20-006 allows family visits in the facility only in the case of end of life situations. If the family wants to take their family member home or for an outing during this time, they may do so. However, it is strongly discouraged. Prior to being allowed to reenter the group home or ICF, the person must pass the pre-screening questionnaire.
Community Integration	Can a companion worker take a resident of a group home into the community?	This is strongly discouraged. Prior to being allowed to reenter the group home after a community outing, the resident must pass the pre-screening questionnaire.
Site Visits	Will APD staff still be conducting monthly monitoring visits in APD licensed foster/group homes?	Yes. The APD monitoring staff will continue to conduct monthly monitoring visits unless otherwise advised.
Flexibility of Waiver Services	Will APD work with providers on staffing levels required by licensure if they experience a significant shortage in staff due to illness.	APD and AHCA are requesting flexibility with federal requirements to address this.

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Flexibility of Waiver Services	For group/foster home residents under the age of 21 who are out of school, can companion services be provided in the licensed home while out of school?	No. At this time companion services can only be authorized for individuals if they are 22 or older.
<i>Flexibility of Waiver Services</i>	<i>Can a therapist do telehealth visits for Medicaid waiver clients or CDC+? If so, would they charge the same rate or what would the rate be? Will the provider need an authorization modifying it as a telehealth visit?</i>	<p><i>iBudget Waiver providers should deliver telemedicine iBudget waiver or CDC+ services following the same guidance regarding telemedicine as was sent out by AHCA in the Medicaid Provider Alerts on March 18, 2020 and can be found on AHCA's COVID-19 webpage. Providers should deliver waiver services in the home whenever possible and only utilize telemedicine if:</i></p> <ul style="list-style-type: none"> <i>• Services cannot be delivered because the center is closed (when services are delivered in the center) and home-based care is not an option; or</i> <i>• The provider and/or the recipient meet one or more of the self-screening criteria for COVID-19 in accordance with the Department of Health guidelines and services cannot be delivered in the home.</i> <p><i>Additional prior authorization is not required for transitioning a service to a telemedicine modality. Services provided via telemedicine will be paid at the current service rate.</i></p>
<i>Flexibility of Waiver Services</i>	<i>Since behavioral services require that 75% of their time be face-to-face, can this be waived or reduced so more frequent phone calls can be made between behavioral staff and GH/PS/SLC staff?</i>	<p><i>iBudget Waiver providers should deliver waiver services via telemedicine following the same guidance that was sent out by the AHCA in the Medicaid Provider Alerts on March 18, 2020 and can be found on AHCA's COVID-19 webpage. We are asking providers to provide waiver services in the home whenever possible and only utilize telemedicine if:</i></p> <ul style="list-style-type: none"> <i>• Services cannot be delivered because the center is closed (when services are delivered in the center) and home-based care is not an option; or</i> <i>• The provider and/or the recipient meet one or more of the self-screening criteria for COVID-19 in accordance with the Department of Health guidelines and services cannot be delivered in the home.</i>

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		<i>Providers MUST perform all service components designated in the iBudget Waiver Handbook for the procedure code billed and be appropriately reflected in the individual service plan.</i>
<i>Flexibility of Waiver Services</i>	<i>Will background screening requirements be lifted during the pandemic to allow providers to maintain staffing ratios? Some Live Scan facilities are closing.</i>	<p><i>AHCA released guidance on March 28, 2020 that provides information on flexibilities surrounding background screening. When a criminal background check is required, a provider must first review the Clearinghouse Results Website to verify if the candidate has a current Level 2 screening. If the candidate does not have a current Level 2 screening or the provider is not able to initiate an Agency Review or Resubmission on the candidate in the Clearinghouse Results Website, then the provider must make every effort to find a Livescan Service Provider that will process fingerprints for a Level 2 screening. The alert also describes the process providers should use to handle cases where the candidate is not in the Clearinghouse and they are unable to initiate Level 2 screening due to the inability to access a Livescan site to be fingerprinted.</i></p> <p><i>This information can be found on AHCA’s COVID-19 webpage at http://ahca.myflorida.com/covid-19_alerts.shtml. Under “Facility Information,” it is titled “Health Care Provider Background Screening.” The web page provides the most up-to-date information about the flexibilities we are enacting to ensure our recipients continue to receive services and the ways the Agency is responding to the needs of the community.</i></p>
<i>Flexibility of Waiver Services</i>	<i>Since many ADTs have closed, will the residential habilitation providers be able to bill at an enhanced rate or would they have to have a service authorization for ADT?</i>	<i>Residential habilitation is considered a 24-hour a day service. Residential habilitation providers will not be paid at an enhanced rate for individuals remaining in the home in lieu of attending ADT. However, ADT providers may render the ADT service at an alternate setting such as a group home.</i>
<i>Flexibility of Waiver Services</i>	<i>There is a concern about the timeline for implementation plans and this is a recoupment issue. Will support plans be issued during this time period? If so,</i>	<i>The State will allow for the use of telephonic support plan development for any plans that expire during the emergency period. If telephonic or video conferencing is unavailable, extensions will be granted. Upon receipt of the support plan, the</i>

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	<i>will implementation plans have to be implemented within 30 days of receipt?</i>	<i>expectation is the implementation plan would be developed using similar methods, if required, within the established timeframes.</i>
<i>Flexibility of Waiver Services</i>	<i>Will timelines for quarterly and annual reports be waived or extended during this time period?</i>	<i>Yes. The State has requested federal flexibility on waiver reporting requirements. Providers should consult with APD to determine which reporting deadlines have been waived or extended.</i>
<i>Flexibility of Waiver Services</i>	<i>APD offices around the state are closing but some are still planning for the BCBA to hold LRC? Can the reviews be extended?</i>	<i>All LRC meetings are being held telephonically for the duration of the emergency. It is strongly recommended that each provider contact their LRC Chairperson to clarify proper submission of documents (including behavior plans and data) within HIPAA encryption requirements.</i>
ADTs	Will APD require ADTs providing services to more than 10 individuals to close?	Not at this time. If ADT providers are required to close, we will allow ADT services to be provided in other settings. AHCA will be making advanced Medicaid payments to ADT providers to help address the financial hardship sustained during this state of emergency. Please refer to the iBudget Provider Payment Flexibility provider alert distributed by the Agency dated March 18, 2020 for more information.
ADTs	What are ADT's to do if a person gets sick while at the ADT and the group home refuses to pick them up citing no staff to work during ADT hours?	Group homes are required to have adequate staffing to meet client needs. Notify the APD Regional Operations Manager immediately for incidents of this nature.
ADTs	If ADT programs are closing and the person will be remaining in his/her own home with personal supports, how could additional hours be authorized?	The provider should work with the client's waiver support coordinator to shift any available unallocated funds to cover the additional hours needed.
ADTs	If ADT programs wish to temporarily close to reduce the potential spread of the virus, are they required to give a 30-day notice?	No. ADT programs who wish to temporarily close do not need to give a 30- day notice. However, the ADT should work with the individuals' WSCs so that alternative services can be arranged.

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ADTs	Can closed ADT programs be considered as possible quarantine sites for group home residents who become infected with COVID-19?	This may be considered as an option should that become necessary.
<i>ADTs</i>	<i>Can providers offer offsite ADT, virtual ADT, or have staff work at home providing client oversight and still count this as ADT services provided?</i>	<i>ADT may be provided off site but cannot be provided via telemedicine. ADT may also be rendered in alternative settings, including in the group home or the individual's own home.</i>
Financial Hardship	If facility programs are required to close, providers indicate their business risk insurance will likely not cover the expenses they will incur.	The State of Florida is exploring potential options for affected businesses. Providers are encouraged to complete the Business Damage Assessment Survey at www.floridajobs.org .
Financial Hardship	Can providers bill more frequently than once per month? This would assist with cash flow to handle additional protective and infection control costs and other support services that may be needed.	Services that can be billed more frequently include quarter hour and daily services. Services must be billed in accordance with the approved service authorization.
Supplies	When will assistance be available to assist providers in obtaining protective and cleaning supplies considering these items are being rationed and in some cases such as barrier gowns are not available?	The entire country is struggling with an extreme shortage of personal protective equipment (PPE), including masks. Please attempt to use your existing supply chain to order any needed masks and other PPE. The County Emergency Operations Center (EOC) is a resource to obtain necessary supplies in an emergency. Although counties do not have excess supplies at this time, if you have not submitted a request already, you can submit a request to your County EOC. This will help to inform the statewide prioritization of supplies as they arrive in Florida.
Safety Protocols	If a client is exposed to or contracts COVID-19 what protocol should the facility take before the person is able to return?	Providers should follow the CDC guidelines and protocols published by the Department of Health. They are providing the most up-to date information as the situation evolves.

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Safety Protocols	Should individuals be allowed to continue using the coordinated transportation provider for trips to the Adult Day Training program?	Yes. Non-emergency transportation providers have been advised to follow safety precautions to reduce the spread of the virus.
Safety Protocols	If a provider staff person provides care to an individual who is under quarantine, can they also render services to others?	Providers should follow the CDC guidelines and protocols published by the Department of Health. They are providing the most up-to date information as the situation evolves.
Safety Protocols	If a client has symptoms of a cold or respiratory infection, i.e., a cough, runny nose, or fever, should they be tested for COVID-19?	Providers should follow the CDC guidelines and protocols published by the Department of Health. They are providing the most up-to date information as the situation evolves.
Safety Protocols	What are the protocols for dealing with a behaviorally complex client who has been exposed to the COVID 19 virus and requires hands on interventions?	Providers should follow the CDC guidelines and protocols published by the Department of Health. The provider should follow reactive strategies procedures and the client's behavioral treatment plan. Learn more from the CDC: <ul style="list-style-type: none"> • Personal protective equipment (PPE) - https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html • How to protect yourself: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#protect
Safety Protocols	What protocol should a service provider follow when there is concern about entering a client's residence?	The service provider should notify the Waiver Support Coordinator with their concerns. If you have clients with fever and respiratory illness, consider rescheduling non-essential appointments. Also, recommend to the client that they contact their doctor. This general approach can help prevent the spread of disease to others.
Safety Protocols	Are providers allowed to continue to render services during this virus outbreak?	Yes, it is of utmost importance that recipients continue to receive critical services. Providers should follow self- and client screening protocols published by the CDC and DOH prior to entering a client's home.

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Safety Protocols	What are the temporary living options for a client receiving residential services who tests positive for COVID-19?	<p>Providers should continue to follow the CDC guidelines and state regulatory facility guidance related to handling individuals with a positive COVID-19 diagnosis.</p> <p>The Agency has developed a web page to respond to questions and concerns related to COVID-19 at http://ahca.myflorida.com/covid-19_alerts.shtm!. The web page provides the most up-to-date information about the flexibilities we are enacting to ensure our recipients continue to receive services and the ways the Agency is responding to the needs of the community.</p>
Timelines and Deadlines	Can recertifications for reactive strategies be extended?	APD is working on extending recertification of reactive strategies for 60 days.
Timelines and Deadlines	Is APD willing to grant an extension on medication validations?	APD is working on extending recertification of medication re-validations
Testing	What is the availability of free testing for provider staff and clients?	Medicaid is covering the cost of testing for individuals enrolled in Medicaid. Contact your primary healthcare provider or your County Health Department with questions regarding the availability of test kits for others.
Testing	What if I feel like I've been exposed but don't need to see a healthcare provider or get tested?	Providers should follow the CDC guidelines and protocols published by the Department of Health. They are providing the most up-to date information as the situation evolves.