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April 24, 2020

MEMORANDUM

MEMO NO.
CCS-2001

TO: Community Care Services (CCS) Health Plan

FROM: Judy Mohr Peterson, PhD
Med-QUEST Division (MQD) Administrator

SUBJECT: COVID-19 PANDEMIC ACTION PLAN FOR CCS HEALTH PLAN

The purpose of this memorandum is to outline a Pandemic Action Plan for Community Care Services (CCS). The goal of the pandemic action plan is to maintain the health and safety of CCS members, all CCS providers and the continued access to necessary services during and through the Public Health Emergency (PHE) that was declared by the Secretary of the Department of Health and Human Services on January 31, 2020. This pandemic action plan shall be in effect through the last day of the final month of PHE and may be extended further by MQD as appropriate based on Hawaii-specific conditions. Additional guidance updating the pandemic action plan may be issued via subsequent memorandum.

**Telehealth/telecommunications**:

1. When any telehealth or telecommunications options are used, U.S. Department of Health and Human Services (HHS) /Office of Civil Rights (OCR) pandemic guidelines should be followed.
2. MQD will issue guidance on additional flexibilities for telehealth during the public health emergency, see pandemic web page for details: https://medquest.hawaii.gov/en/aboutrecentnews/2020/CoronaVirus.html
3. CCS should encourage increase use of telehealth by members, providers, community- based case managers (CBCM)s, etc. as appropriate.

4. Follow Federal and State rules and new guidance on use of telehealth including telephonic consults including reimbursement.

**Community Based Case Management (CBCM):**

1. Level 1 – 5 Members (all levels)
    a. In lieu of in-person face-to-face visits, which would include all service/acuity levels, inpatient visits & ED visits, if feasible and clinically appropriate, interactions should be conducted by alternative communication modalities including apps such as FaceTime, Facebook Messenger, telephonic, email, text, etc.
    b. For members who are not able to be reached by alternative communication modalities:
        i. If contact information is available, call the member's family member(s)/friend(s)/caregiver, to have them assist in making contact.
        ii. Call the member's other care providers to have them assist with making contact.
        iii. If the member lives in a congregate setting (e.g. apartment building, assisted living, etc.), reach out to management at the setting to contact the member.
    c. No change in required frequency of visits.
    d. In-person face-to-face interaction with members should only be conducted on an exception basis as the situation warrants with appropriate precautions:
        i. Members at greatest risk and with greatest need should be triaged to receive more frequent case management.
        ii. Even with these exceptions, continue to look for opportunities to conduct follow-up activities via telehealth modalities.
    e. In lieu of timeline requirements for the Behavioral Health Assessment (BHA) within fourteen (14) days of enrollment and Individualized Treatment Plan (IDT) within fourteen (14) days of the BHA, all new CCS members will be serviced at Level 4 (contact two (2) times a week) until the BHA and IDT are completed.
    f. CCS dis-enrollments due to being unable to contact members will be suspended.

**Other Providers & Health Services:**

1. Outpatient Psychiatric visits
    a. In lieu of in-person face-to-face visits, psychiatric visits will continue as scheduled for levels 1-5 utilizing telehealth modalities in all situations, with exceptions when not feasible or appropriate.

   b. In instances when an exception is necessary, appropriate health precautions will be adhered to.

2. Hospital and other facilities
   a. In-lieu of face-to-face CBCM visits in hospitals and facilities, convert services to alternative communication modalities. This would include telephonic, text, email, FaceTime, etc.
   b. If using telecommunication/telehealth options HHS/OCR pandemic guidelines should be followed.
3. Pharmacy services
   a. Take steps to assure continued access to pharmacy.
   b. Allow early refills for 30-day prescriptions where appropriate.
   c. Allow home/mail delivery and 90-day supplies for maintenance drugs where appropriate.
   d. Convert to long-acting injectables when appropriate and feasible.
4. NEMT
   a. Monitor for any issues/interruptions.
   b. Ensure transport providers are practicing hygiene and safety precautions.
   c. Discourage transportation with multiple persons in a single vehicle.

**CCS Offices:**

1. Walk-ins/ services
   a. Offices should be closed to walk-ins. Post signage and website updates, advising the public to utilize telephonic and/or online communication in-lieu of face-to-face communication.

**1157 Referral Applications:**

1. New 1157 applications submitted via fax or email will be processed normally by MQD.
2. No changes to the CCS Re-evaluation process, continue to send in these re-evaluations packets via fax or email.
3. CCS members will not be disenrolled during the PHE.

**CCS Monitoring/Reporting:**

1. Monthly reports
    a. CBCM compliance with required contact frequency by service/acuity level.
    b. Adverse events and hospital admissions. Include member service/acuity level.
    c. Non-transferred service/acuity Level 5 members and the assigned CBCM agency.
2. Monthly reports are due the 6th business day of the month following the reporting month.

If you have questions, please contact Jon Fujii at jfujii@dhs.hawaii.gov.