



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES


Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

March 30, 2020

MEMORANDUM

MEMO NO.
QI-2009

TO: QUEST Integration (QI) Health Plans

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

SUBJECT: COVID-19 PANDEMIC ACTION PLAN FOR QI HEALTH PLANS

The purpose of this memorandum is to outline a pandemic action plan for QI health plans. The goal of the pandemic action plan is to maintain the health and safety of the QI members and health plan personnel, 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 the 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/about/recentnews/2020/CoronaVirus.html>
3. Health plans should encourage increase use of telehealth by members, providers, service coordinators etc.
4. Follow Federal and State rules and new guidance on use of telehealth including telephonic consults including reimbursement

LTSS:

1. Service/care coordination:
 - a. Health plan field-based service coordination or other types of “clinical/service coordination” interaction with members.
 - i. Face to face interaction should be conducted by alternative communication modalities including apps such as FaceTime, Facebook Messenger; telephonic, email etc.
 - ii. Assessments should be augmented with electronic collection of facility and clinical records.
 - iii. Face to face interaction with members should be conducted on an exception basis as situation warrants with appropriate precautions
 1. Members at greatest risk and with greatest need should be triaged to receive more frequent outreach and care coordination.
 - b. CMAs/CCFFHs/Community based workers.
 - i. In-lieu of face to face interactions, strongly encourage that these services are converted to alternative communication modalities. This would include telephonic, email, FaceTime etc.
 - ii. Face to face interaction with members should be on an exception basis as situation warrants, with appropriate precautions. Health plan should provide guidelines as to process to request exceptions. Strongly encourage same guidelines and processes used across health plans for the CMA/CCFFHs.
 - iii. Health plans should share guidance to CMAs/CCFFHs on precautions – e.g. take similar approach as nursing homes and severely limit visitors with precautions.
2. Timeliness of 1147s/HFAs/care plans.
 - a. No CMS waiver has been approved yet for existing 1147s regarding timeliness or face to face requirements for the re-evaluations. If/when approval is granted, for existing 1147s MQD will extended by six months the re-evaluation date when said date falls within the first six months of the emergency period.
 - b. The regular timeliness for the HFAs and care plans of existing HCBS members will be adhered to, while minimizing face-to-face interactions and maximizing alternative communication modalities.
 - c. For new HCBS members, no CMS waiver of timeliness or face to face has been provided yet. If/when it is, recommendation is to provide at a minimum 10 hours of PA1 and 6 hours of PA2 for a minimum of six weeks. Extensions should be provided until a face-to-face assessment is performed. Standard NOA practices will apply as applicable.

3. Self-Direct program
 - a. In-lieu of paper-based documentation, health plan should allow moving to electronic submission of documentation as feasible. Follow-up at a later time for documents that require a wet-signature. These documents may include I-9, 1099, time sheets.
 - b. Health Plans should promote use of self-directed services in lieu of Personal Assistance if quarantine or isolation of either member or worker(s), and when workforce shortage.
 - i. If use self-directed, health plan should virtually train the care-giver as much as possible.
4. Home modifications
 - a. Complete any projects in progress as available.
5. Other
 - a. For home delivered meals, ensuring continued service as available. Consider other options as needed.

Other Providers & Health Services

1. Hospital and other facilities
 - a. In-lieu of face to face interactions, convert discharge planning services to alternative communication modalities. This would include telephonic, email, FaceTime, etc. If using telecommunication/telehealth options HHS/OCR pandemic guidelines should be followed.
2. Pharmacy services
 - a. Allow early refills for 30-day prescriptions where appropriate
 - b. Allow home/mail delivery and 90-day supplies for maintenance drugs where appropriate
3. NEMT
 - a. Monitor for any issues / interruptions
 - b. Ensure transport providers practicing hygiene and safety precautions
 - c. Discourage transportation with multiple members in a single vehicle
4. COVID-19 testing
 - a. Follow Federal and State guidance and requirements on testing
 - b. Ensure systems and processes within MCO enable & support reimbursement for testing

Memo No. QI-2009

March 30, 2020

Page 4

Health Plan:

1. Health plan 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.
 - b. Provide lock box option for public to drop off paper documentation.

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