

DATE: March 25, 2020

TO: Area Agencies on Aging and Disability

FROM: Patti Killingsworth, Chief of LTSS

CC: Jamie O' Neal, Assistant Deputy Chief, LTSS Policy, Programs, Contracts, and Compliance

SUBJECT: UPDATED COVID-19 Guidance for TennCare Required Face-to-Face Contacts

This memo is to share **UPDATED** information regarding actions you can take to assure preparedness and to help minimize risk for your staff and those you support regarding COVID-19, the disease associated with the coronavirus (SARS-CoV-2). As you are aware, the elderly and individuals with disabilities are among the most susceptible to this disease. This memo replaces the memo issued on March 20, 2020.

On March 10th, CMS issued *Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)*. While the guidance is developed for Medicare and Medicaid HHAs, many of the recommendations are applicable to Area Agencies on Aging and Disabilities (AAADs) completing intake and assessments to people living in the community. **AAADs should carefully review this document and take every opportunity to strengthen their agency's infection control procedures.**

Until further notice once the risk of infection has subsided, ALL TennCare contract required face-to-face visits may be conducted telephonically or using other telehealth options.¹ Telehealth options that permit actual observation of the applicant are preferred in order to gather the most accurate information.

This includes:

¹Note that the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS), responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), has issued notification (available at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>) that they will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Pursuant to that advisement, "A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any **non-public facing** remote communication product that is available to communicate with patients... Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications."

- All CHOICES SPOE functions, including intake, level of care assessments, and facilitation of financial eligibility application process;
- MDS section Q referral processes;
- Assistance for individuals with disabilities applying for Medicaid; and
- CLS Ombudsman functions.

All face-to-face NCI-AD surveys are on hold across the country; these cannot be conducted by phone.

These are important functions which we need to ensure continue, as applicable. However, we urge your staff to **take all actions necessary to reduce risk of infection and exposure for themselves and persons they are assisting. The clear preference at this time is to conduct these visits remotely.**

Should AAAD staff *choose* to provide assistance face-to-face, they are encouraged to speak with participants (or their caregivers, as appropriate) prior to such face-to-face visit to determine whether the member or any other person in the home has potential symptoms of COVID-19 or exposure to the disease. If there are concerns regarding potential illness or exposure, AAADs should take actions, as appropriate, to contact the local health department if testing is warranted. Even if there are no known risks, **AAADs should consider completing required face-to-face visits telephonically or use other telehealth options for the time being.**

Of course, a member (or his/her legal representative or health care designee) may refuse a visit at any time. This should be documented, including the reason for such denial.

Nursing Facilities are required to *restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.* ALL contacts with NF residents must currently be completed using telephonic or telehealth methods.

Resources

As a reminder, the Tennessee Department of Health (TDH) has launched a Tennessee Coronavirus Public Information Line in partnership with the Tennessee Poison Center. The hotline number is **877-857-2945** and will be available from 10 a.m. to 10 p.m. Central daily. TDH has additional information available at www.tn.gov/health/cedep/ncov.html.

CMS has a website where updates are posted: <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/covid19/index.html>.

The CDC website is also updated regularly: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Please check these resources regularly for updates as this situation continues to evolve.

Advancing States also has an array of resources, available at: <http://www.advancingstates.org/covid-19>.

We hope this information is helpful.

Thank you in advance for your continued vigilant efforts to help ensure the health and safety of those you support.