NF-Based Level of Care Waivers, Specialized Recovery Services Program, MyCare Ohio & Medicaid Managed Care
Care/Case Management Protocol

Response to COVID-19
March 2020- To be effective upon direction from the State.

*When an action is taken, in which flexibility is permitted, case file documentation must clearly reflect the care/case manager’s review of the individual’s case, service needs, provider availability, back-up plan and emergency plan.

1. Initial Assessment with LOC determination
   - The State will permit flexibility with required timelines. A list of "late" assessments must be provided monthly during the established timeframe in which flexibility has been granted by the State.
   - The State will allow the face to face assessment requirement to be replaced with telephonic contact. When enough information is gathered through a telephonic comprehensive assessment and desk review, a determination regarding non-financial eligibility criteria for program enrollment will be made. If the information collected via telephone is insufficient, the assessor must gather additional collateral information from other members of the individual’s care team (e.g., physicians, family members, etc.) prior to issuing a determination. If the desk review and telephonic contact do not support enrollment, the agency must issue appeal rights.
   - The assessment must be validated at the next face to face visit.

2. Initial Assessment without LOC determination
   - The State will permit flexibility with required timelines. A list of "late" assessments must be provided monthly during the established timeframe in which flexibility has been granted by the State.
   - The State will allow the face to face assessment requirement to be replaced with telephonic contact. The assessment must be validated at the next face to face visit.

3. Annual Comprehensive Assessment
   - The State will permit flexibility with required timelines. A list of "late" assessments must be provided monthly during the established timeframe in which flexibility has been granted by the State.
   - The State will allow the face to face assessment requirement to be replaced with telephonic contact.
   - The assessment must be validated at the next face to face visit.

4. Assessment based on significant event
   - The State will permit flexibility with required timelines.
   - The State will allow the face to face assessment requirement to be replaced with telephonic contact.

5. Contact Schedules
   - Face to face requirements may be replaced with telephonic contact. The case/care management agency must prioritize individuals at the highest risk levels for face to face visits.

6. Initial Service Plan Development
   - Service authorizations and adjustments may be made based on telephonic assessment of need. All services may be authorized telephonically with the exception of the following: home maintenance and chore services, home modification services and pest control services.
   - The service plan will be authorized for up to 90 days or until the next face to face contact.
7. **Ongoing Service Plan Monitoring and Authorization**
   - Service authorizations may be adjusted to decrease in-person contact. Service authorizations and adjustments may be made based on telephonic assessment of need. Existing service authorizations may be extended via telephonic contact. New services, excluding those services listed in #6, may be authorized for up to 90 days or until the next face to face contact.
   - Authorization of Home Delivered Meals – CMs may authorize additional shelf stable and frozen meals per the individual’s assessed needs.

8. **Incident Management**
   - The CM continues to be responsible for assuring health and safety in a timely manner regardless of reporting. The rationale for the tardiness must be documented in the incident narrative.
   - Care/Case Managers do not need to report COVID-19 through the IMS as its own incident. Please continue to follow the definitions and reporting requirements in Ohio Administrative Code (OAC) rule 5160-44-05 (Nursing facility-based level of care home, community-based services (HCBS) programs and specialized recovery services (SRS) program: incident management).
   - Please note that it may be appropriate to report the COVID-19 in the IMS if it is related to another existing incident reporting requirement, for instance: Reportable Incident “Hospitalization resulting in change to service plan” if the individual was hospitalized and then had a change in their service plan.