

# Provider Network Emergency Protocol

Response to COVID- 19

March 2020 - To be effective upon direction from the State.

The State is responsible for activating this emergency protocol for Provider Enrollment/Oversight and Service Delivery.

When an action is taken, provider file documentation must clearly document any delays or suspensions in the provider's record maintained by the contractor/PAA.

## State – Provider Enrollment/Oversight

### **1. Pre-certification Site Visits (ODA providers)**

- The State will permit flexibility with required timelines for completion of the assigned pre-certification visits.
- On-site requirement may be replaced with a desk review of administrative requirements (licenses, qualifications, BCI's etc.) and completed through telephonic contact.
- If enough information is not known, the reviewer may delay determination or request additional information to complete the review. If a delay is determined to be the best course of action, the provider application/enrollment will remain in a pending status until an on-site review may be completed. The PAA shall clearly document in the provider file and will submit a list of delayed pre-certification visits during the established timeframe.
- The State is responsible for activating the emergency (begin and end date) and reserves the right to suspend all pre-certification visits during this time.

### **2. Provider Enrollment (All Waivers)**

- The State will permit flexibility with required timelines to complete the provider enrollment process and allow conditional service delivery for up to 90 days, while waiting for criminal records check results.
- The State will permit waiver providers with an active Medicaid provider agreement to furnish waiver services across delivery systems without being subject to additional provider standards and certification processes specific to the waiver programs.

### **3. Initial and Re-validation Site Visits (OHCW adult day center service providers)**

- The State will permit flexibility with required timelines for completion of assigned on-site visits. ODM will maintain a list of delayed on-site visits to be provided monthly during the established timeframe.
- The State is responsible for activating the emergency (begin and end date) and reserves the right to suspend all on-site visits during this time.

### **4. Structural Compliance Reviews (ODA/ODM)**

- The State will permit structural compliance reviews to be completed through desk review in lieu of an on-site review.
- If a desk review is conducted and the provider found to be non-compliant with requirements for all providers (including criminal records checks) and/or any applicable service rules, a Disciplinary action or Notice of Deficiency remains appropriate be issued.
  - i. The State will permit flexibility with required timelines for submission of required corrective action plans, so long as all delays or extensions, and the rationale for the same, are supported by appropriate documentation in the provider file.
- The State is responsible for activating the emergency (begin and end date) and reserves the right to suspend all on-site visits during this time.

### **5. Incident Management (ODM contractor)**

- The State will permit investigations to be completed by desk review in lieu of on-site.
- The State will permit flexibility with required timelines for submission of required corrective action plans.
  - i. The rationale for exceeding the timelines, must be clearly documented in the incident narrative in provider file.

- The State reserves the right to suspend provider occurrence investigations.

### State – Provider Service Delivery

#### **1. Modified Supervisory Schedule:**

- a. The State will permit providers to perform supervisory visit(s) telephonically if a supervisory visit is required by the waiver service.
  - i. The modified supervisory schedule must be documented in the individual’s service plan by the provider’s nurse supervisor.
  - ii. The provider shall notify the case manager if they elect to perform the supervisory visit telephonically.
  - iii. The provider will be required to meet requirements for initial care plan development in rule, as applicable.

#### **2. Modified Service Validation/Signature Requirement:**

- a. The State will permit flexibility with required signatures and allow providers to offer verbal acknowledgement of service plan changes.
  - i. Providers will not be required to sign individual service plans if a change in the service is authorized.
  - ii. Verbal acknowledgment must be documented in the individual’s service plan.
- b. The State will permit providers to waive the requirement to obtain the signature of the individual if the service requires signature to acknowledge delivery of a meal(s) or home medical equipment of supplies.
  - i. The provider may use a record from the bulk delivery service or driver to demonstrate delivery.