

# Frequently Asked Questions and Answers on Forms/Processes/Procedures Changing For SDS State Plan Services (PCS, CFC) Due to COVID-19 and 1135 Waiver

FAQ Contents (click on choice of Section):

[Section I: Service Safety and Resources](#)

[Section II: HCBS Waiver Service Delivery](#)

[Section III: Provider Certification/Quality Assurance](#)

[Section IV: Applications](#)

## **Section I: Service Safety and Resources**

Q1: What should PCS providers and recipients do if they are concerned about safety regarding PCAs going into recipient's homes?

A1: PCS Providers should follow health mandates, CDC guidance, and the provider agency's procedures to reduce risk for recipients and staff. Providers are encouraged to use universal precautions to maintain safety for recipient and provider. PCS providers should have and implement backup plans for PCS recipients if necessary. SDS recognizes that some recipients rely on PCAs to provide needed hands-on care, but it is the recipient's choice to allow a PCA into their home. If there are concerns about recipient safety, a [Central Intake Report \(CIR\)](#) must be filed on-line.

Q2: Are the health mandates requirements?

A2: Yes, all [Health Mandates](#) must be followed.

Q3: What happens if someone I serve gets diagnosed with COVID-19 or sees a medical professional who thinks they may have COVID-19?

A3: Fill out a [Critical Incident Report \(CIR\)](#), then follow your agency's COVID-19 health and safety plan when providing services to the person.

Q4: Do you have any suggestions if providers are looking for Personal Protective Equipment (PPE)?

A4: Please see the April 8, 2020 SDS E-Alert posted under "Resources" on the [SDS COVID](#) webpage for specific guidance on PPE for DSP.

Q5: Is there a hotline for all Alaskans to call in and receive free suggestions of how to help stay mentally fit in these very stressful and

scary times, especially important for individuals experiencing special needs?

A5: Alaska 2-1-1 provides available sources. Additional links are available on the [SDS COVID-19](#) webpage.

Q6: How do I find out the latest info on maintaining HIPAA compliance during COVID?

A6: Visit <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Please see the April 13 SDS E-Alert posted on the [SDS COVID-19](#) webpage for guidance on appropriate platforms to use when providing long term services and supports.

## **Section II: Service Delivery**

Q1: What should a PCS recipient do if they want to move into an Assisted Living Home (ALH) to get services, but are worried about doing a tour and some ALHs are not accepting new clients right now?

A1: PCS does not cover the cost of ALH services. PCS recipients that also receive Home and Community Based Waiver services and meet the required level of care may work with care coordinators to request an amendment adding residential services. It is the ALH's responsibility to follow health mandates, CDC guidance and their safety plans about allowing outsiders in for tours. Recipients and their care coordinators should work with providers on distance delivery methods to view the home without entering. There are other service provision situations that may be available for PCS recipients, such as the PCS agency hiring family members living in the home to provide the service. If there is a change in recipient information, such as address, complete the [Change of Status form \(Uni-11\)](#); if there are changes in services, complete the [Personal Care Services Amendment to Service Plan form \(PCS-03\)](#).

Q2: Is there flexibility in use of the weekly hours for PCS (similar to waiver)? For example, if a PCS recipient falls ill and is unable to receive services through the agency or natural supports, they will most likely need some additional hours temporarily when a caregiver can return to the home to get things caught up such as laundry, shopping, cleaning, etc.

A2: There is some flexibility how services are provided within the week, based on recipient choice and need. Service notes must reflect services delivered, and recipient health and welfare must continue to be monitored and maintained. If there is a change

in recipient's condition or material change that would affect activity, frequency, scope, and duration, a [Personal Care Services Amendment to Service Plan form \(PCS-03\)](#) and/or [Community First Choice Amendment to Service Plan form \(CFC-01\)](#) must be submitted. The date of approval of the amendment is the change date (PCS cannot be back-dated prior to approval).

### **Section III: Provider Certification/Quality Assurance**

Q1: Are background checks for new hires being waived due to the COVID- 19 emergency?

A1: All new hire direct support staff must still complete a background check with the Background Check Unit (BCU). BCU is allowing provisional clearances prior to the arrival of the fingerprint card. The fingerprint card is due to the BCU within 60 days vs 30 days, during this timeframe.

Q2: What if I have a problem related to needing staff to be background checked immediately or as soon as possible?

A2: Contact the BCU directly.

Q3: Staff are coming due to renew their first aid/CPR certifications. There are no face to face classes scheduled at this time due to social distancing rules. What are the requirements?

A3: SDS will extend first aid and CPR training certification requirements for another year (if they come due during the disaster period). SDS is also waiving the hands on CPR skills test requirement for new hires during the disaster period, but not the requirement for FA/CPR training. The provider must document the training allowance in the employee's personnel file training records. (*\*revised 06/19/2020*)

Q4: Should we submit the CPR/First Aid waiver form for PCS staff that cannot renew or enroll during this time and estimate 3-6 months out on when they would do their training?

A4: The CPR/First Aid waiver forms (Cert 49 A & B) are not required during the Emergency Declaration period for COVID-19 because all training can now be obtained on line. .. The provider must document the training in the employee's personnel file training records

Q5: Can guardians, parents of minors, and spouses with a legal duty to support be paid to provide services?

A5: The state was granted permission in the 1135 waiver to allow a person with a legal

duty to support to provide “regular State Plan” personal care services, and **CMS recently awarded flexibility to allow a person with a legal duty to support to provide Community First Choice (1915(k) personal care services.** The person with a legal duty to support must be employed by an agency that provides these services. The potential care provider must be able to pass a background check and must be trained on documenting service notes. *(revised 6/19/20)*

\*This staffing flexibility will continue until further notice or until the Emergency Declaration is over, whichever is sooner.

**Q6: Are we expected to hire guardians if providers have PCA options available?**

A6: SDS has no expectation that providers must hire guardians and family caregivers. Providers may have staff available to support families who can offer their support safely. The recipient can choose not to work with an agency employee, but the agency is under no obligation to hire family caregivers as PCAs. The recipient may choose to work with a different Consumer Based PCS agency to select and train their own PCA to safely deliver services while meeting the state’s health mandates.

**Q7: My provider certification will be due soon. Are there any changes to current requirements due to COVID-19?**

A7: Yes, at this time renewal certification segments coming due during the disaster period starting March 11, 2020 will be extended for six (6) months. SDS will process applications that were received prior to the disaster period as they can and may request information through pend notices. SDS will work with providers on timelines for submission of requested items to include extending response times as necessary.

**Q8: What are providers expected to pay as an hourly rate to guardians/family caregivers who are hired as PCAs?**

A8: Please refer to Alaska Department of Labor wage and hour guidelines for compliance with wage and hour rules: <https://labor.alaska.gov/lss/whhome.htm>.

**Q9: Has the self-audit report due date been extended past June 7th? I didn’t see it mentioned in the appendix but wanted to check.**

A9: The Program Integrity Unit received approval to suspend the deadline for self- audits in the Governor’s most recent Order of Suspension, effective April 9, 2020. [SDS E-alert](#), April 29, 2020 updated that provider self-audits have been extended to December 31, 2020.

**Q10: How are providers insulated from future audits, when we can't guarantee that guardian supports are being provided as regulated by**

## CMS, and SDS?

A10: The agency is not insulated. Hiring policies and employee standards should remain the same. If a guardian or family caregiver is hired as a PCA, the PCA must follow all agency policies and procedures for providing care, to include documentation, to ensure the health and safety of the recipient.

Q11: Can PCS providers use DocuSign or other programs that are HIPAA approved for any forms or documents between provider and clients?

A11: The Division recently issued guidelines on allowing electronic signatures for use with forms and documentation. <http://dhss.alaska.gov/dsds/Documents/covid-19/ElectronicSignatureCOVIDGuidance.pdf>

Q12: Can PCS providers use telephonic corrections for all timesheets needing changes (additional notes, correction to services provided, clarification of notes, notes made to be legible, missing signatures from clients or caregivers, and other minor changes such as time or date adjustments) to minimize caregivers coming into the office?

A12: Telephonic corrections should comply with the DHSS guidance regarding corrections to clinical documentation:

Contemporaneous Documentation FAQs published Feb. 2020:

<http://dhss.alaska.gov/Commissioner/Documents/medicaid/72hr-Contemporaneous-Documentation-and-Provider-Self-Audit-FAQs.pdf> which states:

Most providers have a process of reviewing timesheets and other documentation for errors, then sending the documents back to the employee for corrections. It is anticipated that a providers' quality assurance process may identify errors outside of the 14 day requirement. If provider needs to amend or correct a clinical record entry, the following recordkeeping principles apply:

- Clearly identify all original content (do not delete).
- Clearly and permanently identify any amendments, correction, or addenda.
- Clearly indicate the date and author of any amendments, corrections or addenda.

Paper Record: A single line strike through should be used so the original content is still readable. The person amending or correcting the clinical record must sign and date the revision, amendment or addenda (change).

Electronic Health Record: The change must be distinctly identified and there should also be a way to provide a reliable means to clearly identify the original content and the

modified content. The person amending or correcting the clinical record and the date of the change must also be documented.

Audit Phase: Once a claim has been selected for audit, the documentation associated with the claim would be evaluated prior to the date the claim was selected.

Q13: How is the recertification date being determined for two years from now (would it be the original month or would it now be whenever you get the packet in/30 days from that date)? Why was the recertification deadline not pushed back the full year?

A13: Once a provider renews certification, whether they were issued an extension or not, if approved, a new two-year certification will be granted from the SDS determination date forward, just as it is now. SDS has the flexibility to determine the period of time issued up to one year while balancing both provider needs and workload for the division, both of which are critical.

#### **Section IV: Applications**

Q1: If PCS applications are submitted without a recipient signature during Covid-19 that then require a signature, how are those uploaded into Harmony without being a duplicate?

A1: When the signatures are received a new note entry would be made in Harmony with the standard Note type and Sub type and the **Description Field** listing "COVID - 19 **revised** with signatures."

Q2: Are Release of Information (ROI) forms required?

A2: Not for Support Plans (Uni-02 or the COVID-19 Appendix K Person Centered Support Plan Request form), but YES for Initial applications for waiver services (Uni-04).

Q3: Are there expedited amendments for those needing changes related to COVID-19 testing, quarantine, or illness?

A3: The [Uni-12](#) Request for Expedited Consideration should be completed with COVID-19 circumstances added to the description section on the form and submitted with the [Personal Care Services Amendment to Service Plan form \(PCS-03\)](#) and/or [Community First Choice Amendment to Service Plan form \(CFC-01\)](#) .