CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

Andy Beshear
Governor

Pam Smith
Division Director

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Eric C. Friedlander
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To: 1915(c) Home and Community Based Services
        Adult Day Health Care and Adult Day Training Providers

From: Pam Smith
        Director, Division of Community Alternatives

Date: March 27, 2020

Re: Updated guidance on providing Adult Day Health Care and Adult Day Training during the
        COVID-19 state of emergency

Dear Medicaid Providers,

The Department for Medicaid Services (DMS) is updating the guidance it previously issued regarding how to provide Adult Day Health Care (ADHC) and Adult Day Training (ADT) services during the COVID-19 state of emergency. Governor Andy Beshear ordered the temporary closure of ADHCs and ADTs on Friday, March 20, 2020, due reduce the spread of the virus.

Please note that this guidance supersedes the "COVID-19: Adult Day Health Care Center and Adult Day Training Closures" provider Letter DMS issued on March 24, 2020. This guidance applies to the Acquired Brain Injury (ABI), Acquired Brain Injury Long Term Care (ABI LTC), Home and Community Based (HCB), Michelle P. Waiver (MPW), and Supports for Community Living (SCL) waivers.

DMS recognizes a majority of Medicaid providers, including ADHCs and ADTs, are experiencing decreases in revenue due to the COVID-19 state of emergency. To assist our providers and participants during this difficult time, we have created flexibilities for providing ADHC and ADT by amending Appendix K of the 1915(c) HCBS waiver applications. Appendix K allows ADHCs and ADTs to provide the following services during the state of emergency:

- ADHC
    - Attendant Care – Including nursing staff can go into the home and deliver hands-on services that are essential to the participant's health, safety, and welfare.
    - Home Delivered Meals – ADHCs can provide and bill this service to participants in all waivers, except Model II.
    - ADHC – This can be delivered via telehealth options. The service should be person-centered, meaningful, and related to established outcomes.

- ADT

  - ADT can be provided to multiple participants via telehealth options. Participants should be given the option to participate in remote ADT. The service should be person-centered, meaningful, and related to established outcomes.
  - ADT **cannot** provide in-home services at this time.

In emergency situations, ADHCs and ADTs can be allowed to provide on-site Residential (ABI, ABI LTC, and SCL only) or Respite. The site must have sufficient space to house participants according to the Centers for Disease Control guidance on safe practices and social distancing related to mitigating COVID-19 spread. The space must also have the necessary facilities such as a kitchen, bathrooms, sleeping arrangements, treatment rooms and safe storage of medication.

DMS has temporarily removed caps and limits for essential in-home services needed to protect the health, safety, and welfare of participants who do not have natural supports or whose natural supports are unable to provide care during the state of emergency. Residential providers can request a modification of up to half of their current approved rate per participant, allowing them to be reimbursed at a one and a half times the current rate. If the participant receives exceptional supports in SCL, the provider cannot receive the rate modification for them. The case manager is allowed to approve these requests for up to 120 days.

We appreciate the services our ADHC and ADT providers deliver to 1915(c) Home and Community Based Services (HCBS) waiver participants. We will continue to explore other flexibilities we might be able to offer while being mindful of resources as we anticipate an increase in Medicaid enrollment over the next few months. We ask that providers bear with us as we all work together to cope with these challenging and uncertain times.

Sincerely,

Pam Smith

Pam Smith
Director, Division of Community Alternatives