



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

COVID-19 Temporary Closure of Adult Medical Day Care Centers Frequently Asked Questions

March 31, 2020 (revised)

1. What does the temporary closure of Adult Medical Day Care Centers (AMDCs) mean to participants as well as providers?

Pursuant to an Emergency Order by Governor Hogan issued on Monday, March 16, 2020, all AMDC providers were ordered to close until further notice. AMDC providers are now required to make daily telephonic or online contact with participants. The Office of Health Care Quality (OHCQ) has developed a Daily Care Connection form that outlines the questions and services that need to be delivered telephonically or via email.

2. What will Medicaid reimburse for these telephonic services?

Medicaid will pay an administrative rate of \$69.90 for each day that has been authorized in the participant's plan of care. The AMDC is required to complete the telephonic services daily, but should only bill for the days authorized in the person's plan of care. For instance, a participant may only be authorized for 3 days per week. In this case, the AMDC would bill three times a week, but provide telephonic services 7 days a week.

3. Do AMDCs have to input progress notes in LTSSMaryland?

No, LTSSMaryland progress notes are not required when documenting daily participant contacts.

4. What procedure code should AMDC use to bill Medicaid (Medicaid waivers, grant, private pay)?

The administrative day procedure code (W5102) that was activated in response to the COVID-19 emergency should only be used for Medicaid participants and should be billed in accordance with the frequency prescribed on the medical order and the participant's plan of care. The procedure code description is:

- Short Description: Adult Day Care Admin Fee - 85%
- Long Description: Day Care Services Adult Per Diem Administrative Fee, 85% (COVID-19 Emergency Response)

Grant providers will be reimbursed at 85 percent of the invoice, consistent with the Medicaid administrative rate reimbursement. Also consistent with the guidance given for waiver providers, AMDCs receiving grant funding must follow OHCQ's requirement to make daily contact with participants and document such activity using the OHCQ - Daily Care Connection form. Please note that grant providers shall only bill for days in which participants are already approved to receive medical day care services via the grant program.

Providers may not receive Medicaid reimbursement for private pay participants.

5. OHCQ is requiring AMDCs to check on participants seven days a week. My center is only open five days a week. Is this considered overtime for our staff?

As a licensing provision, OHCQ requires AMDCs to check daily on all participants who were receiving services at their center. Please note that Medicaid will only reimburse for days of medical day care authorized in approved medical orders. Please consult your human resources department regarding overtime.

6. Some AMDCs are open 7 days a week, and have participants from other locations attend on weekends. We have split up the calls, so that each family receives a call daily, but not from both centers. Each center bills for the client based on the number of days they attend the center (as per physician's orders and service plan). We are asking for clarification from MDH that this is acceptable.

Yes, this is acceptable. It is expected that activities and billing remain in accordance with the care coordination outlined in the plan of care.

7. Should these calls include participants who reside in assisted living facilities (ALFs) and have the necessary supports in place?

Yes, the AMDCs are to check on all participants even if they reside in an ALF.

8. What if the participant and/or caregiver refuses to speak to providers or fail to return phone messages? Is the ADMC eligible for reimbursement?

The ADMC should make multiple attempts to reach the participant. As long as all attempts are properly documented, the AMDC would be eligible for reimbursement.

9. What resources should we provide if a participant reports a need?

AMDCs should provide resource information for Meals on Wheels, supplies delivery services, and ensure there is emergency contact information. AMDCs should also maintain their own list of local resources.

10. Is it ok to send a driver/ staff to check on a participant?

This is not a requirement of Medicaid or OHCQ.

11. Is AMDC meal delivery permissible?

This is not a requirement of Medicaid or OHCQ. Referrals to appropriate organizations such as Meals On Wheels should be done.

12. Should providers continue to pre-pack medications and deliver to participants?

This is not a requirement of Medicaid or OHCQ. The families should follow physician orders and get medications from the physician. ALFs will follow their own COMAR requirements to include assessments and medication administration.

13. What should an AMDC provider do if an ALF asks us to stop calling to check on the participant?

Please inform the ALF that this is a requirement during the State emergency.

14. Are AMDCs required to get updated medical orders on all participants while under temporary closure?

AMDCs should utilize participant medical orders that were on file at the time of the closure. Since AMDCs do not have medical oversight, medical orders do not need to be maintained for the duration of the closure.

15. Are there any changes as to how the Adult Medical Days operate after the Governor's announcement on March 23, 2020 to close all non-essential businesses?

There have been no changes as to the way AMDC providers are operating since March 17, 2020. AMDCs are expected to continue to provide services telephonically to participants.

- 16. We have a number of participants that require daily insulin, bi-weekly injections, that they nor their providers can do. We request guidance on how we should handle this. Our nurses are going out to see the participants, on an as needed basis, but can we?**

This is not in compliance with the Governor's Executive Order. Medicaid and OHCQ only require AMDCs to make daily telephonic or online contact with participants.

17. ADCAPS/POC/CSRs – This a significant concern for all AMDCs.

- a. Is it acceptable to hold a care plan conference by telephone, during this shut down, when participants have not been onsite for almost 2 weeks now? Should these care plan meetings be delayed until we reopen?**
- b. Should we be completing and sending out physician orders for those that are due, during the shutdown? We need guidance on the Department's expectations in this regard.**
- c. For the CSR - there is a physical assessment component in this, which cannot be completed right now. If this is not done by the end of the participant's current span, what will happen to payment for the provider? For CSRs where the nurses don't have to do InterRAI (done by a community nurse), can we still upload the enrollment packet to LTSS when due even if the Inter Rai has not been done by a community nurse for the other Waivers? The enrollment packet will be the FOC and 257.**

The Department is temporarily removing the 120-day ADCAPS assessment and 180-day care plan review requirements during the 30 days following the mandatory closure of AMDCs. AMDCs will remain compliant as long as an ADCAPS assessment and care plan review was conducted within 120 days and 180 days, respectively, from the start of the mandatory closure on March 17, 2020.

To continue receiving Medicaid reimbursement under the Medical Day Care Waiver, AMDCs must continue to submit annual enrollment packets in LTSS*Maryland*. With the relaxed assessment and care plan requirements, enrollment packets will be processed using the latest nursing facility level of care determination, ADCAPS (including medical orders), and freedom of choice documentation. Please note that enrollment packets are only required for participants receiving medical day care as a service under the 1915(c) home and community-based Medical Day Care Services Waiver.

18. We have not heard anything further about the uploading of forms onto LTSS. Is this still going to be required? If so, can we upload them in weekly batches, instead of daily? If so, please advise where in LTSS you want the forms uploaded to. Please also advise if this can be done once we reopen, as most of us are working remotely and many do not have scanners, and some do not have computer access from home.

The Daily Care Connections forms shall be maintained by the AMDC and made available upon request. In the event the AMDC decides to upload the forms after the order to close is lifted, feel free to do so.

19. Electronic documentation - If we are completing the daily check in form on computer or on our electronic health record, is the signature waived? How should we handle that?

An electronic signature would be acceptable.

20. If an AMDC had a scheduled closing day (holiday) prior to the institution of the requirement to conduct daily contact with our participants, are we still required to make these calls on that holiday, like we do on weekends?

Throughout this COVID-19 emergency, the expectation is that AMDCs make contact every day, including weekends and holidays.

21. If an AMDC discovers a reportable event situation during one of their calls, such as a participant being hospitalized, contracting COVID19, or other, should AMDCs complete and submit the reportable event?

Yes, please continue to follow the Medicaid Home and Community Based Services Waivers Reportable Event policy, effective April 1, 2010.