



RI EOHHS MEDICAID POLICY

Subject:	Home Based Assessments and Service Planning			
Applicability:	HCBS participants and caseworkers			
Issue Date:	Effective Date:	Transmittal #:	Supersedes #:	
June 13, 2022	June 13, 2022	22-03	New	

Purpose

To outline the requirements for in-person assessments and to provide operational recommendations to return to pre-pandemic operations with a focus on person-centered principles and risk reduction.

Background

On March 16, 2020, EOHHS submitted an [Appendix K waiver](#) to the Centers for Medicare and Medicaid Services (CMS), which was approved shortly thereafter. Appendix K allows the State to temporarily amend its 1115 Waiver to seek flexibility in providing Medicaid-funded home and community-based services (HCBS) to facilitate response to the COVID-19 pandemic.

Among other flexibilities, the Appendix K waiver gave Rhode Island the ability to “allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings” during the federally-declared public health emergency (PHE). Since this approval, some assessments and case management services have occurred in person and others have not. Through the two years of flexibility, the State has identified some benefits to telephonic assessment and case management. Most notably, it allows case workers to handle more cases each day due to decreased travel time and, in some cases, telephonic or video conference assessments are the preferred method for the consumer. However, there are significant disadvantages to maintaining telephonic assessments and service planning meetings when these were done in person before the pandemic. Without in-person assessments, case managers cannot get an accurate understanding of the client’s living environment and therefore cannot make recommendations on home modifications or injury prevention. They also cannot independently assess client mobility and it becomes more difficult to address social determinants of health including unsafe housing situations or lack of access to healthy food.

In addition to the clinical benefits of in-person assessments, federal regulations will require resuming face-to-face meetings between caseworkers and beneficiaries when the PHE ends. The flexibilities granted under the Appendix K waiver will expire six months after the end of the PHE. As of June 6, 2022, the current PHE declaration is effective through July 15, 2022, unless it is further extended. Therefore, the flexibilities associated with Rhode Island’s Appendix K waiver will expire on January 15, 2023. At that time, unless the PHE is further extended, CMS expects that Rhode Island will resume evaluations, assessments, and person-centered service planning meetings entirely in-person.

Scope

This policy pertains to all staff responsible for conducting functional assessments and service planning for Medicaid HCBS applicants.



Statement of Policy or Procedure

Given the improving conditions of the COVID-19 pandemic in Rhode Island, case managers must prioritize in-person assessments and service planning meetings starting immediately in most circumstances. This will ease the transition into the post-PHE requirements.

Starting now and through the end of the six-month post-PHE period, when scheduling a home visit, caseworkers should use the [COVID-19 symptom checklist](#). If the beneficiary or anyone in their household or attending the assessment has tested positive for or has symptoms of COVID-19, a remote assessment should be scheduled, and a note should be included in the beneficiary's file to document that the person or attendee was positive and/or symptomatic. Remote assessments may also be considered if it is the stated preference of the beneficiary. Conversely, if an individual has difficulty accessing HCBS virtually, then a face-to-face meeting must take place.

When remote conversations occur, HIPAA-compliant video conferencing technology should be used whenever possible instead of telephonic communication.

Questions?

If you have any questions, please contact Sarah.Harrigan@ohhs.ri.gov or Emily.Tumber@ohhs.ri.gov.