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*Department of Health Care Finance Informational Bulletin*

**DATE:** March 24, 2020

**FROM:** Ieisha Gray  
Director, Long Term Care Administration

**SUBJECT:** **Third COVID-19 Update for Long Term Care Providers**

The purpose of this informational bulletin is to provide ongoing guidance to our long-term care providers on Medicaid's response to the Coronavirus Disease 2019 (COVID-19). As you are aware, information is rapidly changing as we continue to learn more about COVID-19, and DHCF strives to ensure that our provider community remains informed accordingly. We anticipate sending a fourth bulletin within the next few days when we have final confirmation from CMS regarding federal flexibility in program operations. The following information is intended to assist providers in locating information for health care providers from public health authorities in the District and federal governments.

- What does the District government recommend for health care provider practice?
  - There is a dedicated site on [coronavirus.dc.gov](https://coronavirus.dc.gov) for [health care providers](#). This page includes links to public notices from DC Health as well as guidance issued by DC Health. The [coronavirus.dc.gov](https://coronavirus.dc.gov) also archives all press releases from the Department of Health Care Finance on the [News](#) tab.
- What resources does the federal government have for in-home care providers?
  - CMS has a coronavirus [toolkit](#) which includes links to a number of federal pages, including [coronavirus.gov](https://www.cdc.gov) and [CDC](https://www.cdc.gov) pages. CMS has also issued provider-specific guidance, including for [home health agencies](#), hospice providers and others. CMS memos regarding coronavirus practices are archived [here](#).
  - CDC has a trove of resources that you may wish to view and use and/or share as resources with beneficiaries, their families, staff, etc. This includes resources for [health care providers](#) specifically, including [FAQs](#), how to [maximize limited stores of PPE](#), [how to provide care in the home](#) for infected persons not requiring hospitalization, [how to prevent spread of infection among residential settings](#), and more.
- Who should we contact if we have questions about how to serve a beneficiary, conduct routine operations in certain circumstances, or how to refer a symptomatic patient?
  - Questions about COVID-19 **testing for beneficiaries or staff**: Contact DC Health or check <https://coronavirus.dc.gov/page/covid-19-testing> for updates and information
  - Questions about **how to proceed with a symptomatic patient**: Contact DC Health and, for Medicaid-covered patients, keep DHCF informed
  - Questions about **beneficiaries' eligibility for services or Medicaid coverage**: Send questions to LTCA who will follow up accordingly with DHCF and ESA colleagues

- Questions about **what services are still available in the community for seniors** while many services are suspended: this [DACL fact sheet](#) on the coronavirus.dc.gov site provides information about meals, APS, and other services still available for vulnerable seniors
  - Questions about **routine authorizations for Medicaid-financed services**: Proceed as normal through LTCA staff leads, Comagine staff, or through LTCA management
  - Questions about **temporary changes to Medicaid program operations or reimbursement**: Send questions to LTCA who will follow up accordingly with ORRFA or HCOA as needed
- **What else can providers do at this time?** If you haven't already, ensure that your agency completes a comprehensive inventory of emergency policies and procedures, including but not limited to:
    1. Review and management of information and updates from local and federal authorities regarding COVID-19 response;
    2. Continuity of operations plans;
    3. Complete workforce contact information lists and emergency contacts;
    4. Temporary changes, if appropriate, to agency personnel policies, including relating to personal leave, sick leave, overtime, etc.;
    5. Review supply chains and check in with vendors;
    6. Review and update staffing backstops, such as contracts or contacts with staffing agencies;
    7. Cross-training of staff and schedule flexibilities at all levels;
    8. Review back-up care plans for all patients, including family contact information and emergency contacts;
    9. Review alternate staffing arrangements possible for beneficiaries; and
    10. Continue to review with staff standard infection control and prevention precautions, handwashing protocols; patient referral processes, and agency protocols for serving clients during illness.

As always, we extend our thanks for your continued partnership and commitment to the care and safety of District residents in these challenging and unprecedented circumstances. We will continue to be in touch with updated information as it becomes available.