



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance  
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*Department of Health Care Finance Informational Bulletin*

**DATE:** September 22, 2022

**FROM:** Katherine Rogers  
Director, Long Term Care Administration

**SUBJECT: Post PHE Updates for Long Term Care Providers**

**News since our last bulletin:**

- **Effective November 1, 2022**, Liberty Health Care will resume face-to-face assessments. Please discuss with beneficiaries the face-to-face assessment process, including using the beneficiary-facing Face-to-Face Assessments circulated with this Bulletin. Some always-applicable tips for successful assessment completion are included in the Assessment Hints reference guide also circulated with this Bulletin.
- Adverse actions, such as reductions in services or terminations, will remain stayed during the federal public health emergency (PHE). DHCF will notify stakeholders of the timeline for resumption of adverse actions. All such actions will be accompanied by a formal letter outlining the prospective action and will include information about all applicable beneficiary appeal rights.
- DHCF launched a new electronic Prescription Order Form (ePOF) on July 1, 2021. The electronic Prescription Order Form is an upgrade from our previous paper form and electronic version with advanced features, including the ability to complete the form entirely without printing. The form can be accessed via a secure SmartSheet application linked in an email. This new form increases the speed with which DHCF can schedule and complete an assessment and implement needed services, as well as saving the environment by decreasing our paper footprint. Forms can still be faxed if required (i.e., if email is unavailable). You can access the new form by clicking [this link](#). Instructions on how to complete the form and the workflow are located on the DHCF [website](#). If you have any questions, please feel free to contact LTCA at 202-442-9533. **Please note:** the waiver of a Physician/APRN signature will no longer be in effect as of the end of the PHE. All POFs will require the Physician/APRN signature.
- In the coming weeks, LTCA will continue to present information through routinely scheduled provider calls regarding the transition of PHE Medicaid policies, the timeline on which such flexibilities are slated to expire, and what actions must be taken to “phase down” such flexibilities. This will include any available information regarding DHCF’s implementation of new or updated federal guidance from CMS. In the interim, please review the DHCF Medicaid Director’s Letter (MDL) on post-PHE operations, which includes responses to frequently asked questions (<https://dhcf.dc.gov/node/1553976>).

- As always, LTCA directs home health agencies' attention to DC Health policies and guidance regarding flexibilities and processes for the conversion and/or employment of health care professionals not already certified as District home health aides.

**Reminders**

- The latest version of the LTCA COVID Billing and Documentation Guidance document (January 2021) is always available online for your reference (<https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers>).
- As a reminder, that guidance document describes providers' obligations to effectively document services delivered remotely. These updates conform to guidance issued by DHCF to providers of other remote services (e.g., telemedicine) via [Transmittal #20-42](#).

**DC Health guidance and information:**

- Information about the District's vaccine distribution plan and other vaccine matters can be found at <https://coronavirus.dc.gov/vaccine>.
- As a reminder for all providers, the latest DC Health guidance on all COVID-related matters can be located on their website [here](#).

**Additional reminders and resources:**

- These Informational Bulletins are being archived on DHCF's website under the Long Term Care Administration tab: <https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers>

As always, we extend our thanks for your continued partnership and commitment to the care and safety of District residents throughout the COVID-19 public health emergency. We will continue to be in touch with updated information as it becomes available.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**  
**Long Term Care Administration**



September 15, 2022

**This page describes important information that may impact you and your Medicaid services. It is for information only. Please discuss this information with your case manager or home health agency staff if you have any questions.**

As the federal public health emergency related to the COVID-19 pandemic comes to an end, the DC Department of Health Care Finance and its partners are beginning the process of returning to normal, pre-pandemic operations.

On November 1, 2022, Liberty Health Care, our assessment partner, will resume face-to-face assessments for long-term services and supports. You have likely had an assessment with Liberty Health Care by phone. However, your next assessment will be conducted in person at a time and location convenient to you.

All Liberty Health Care staff will be required to wear masks, and are provided additional protective equipment such as gowns, for use as necessary or at your request.. You may also request that gloves be worn during your face-to-face visits.

Your doctor must confirm an order to allow us to conduct your face-to-face assessment.

At this time, all that is changing is how the assessment is conducted. After the federal public health emergency is over, you may be notified of a change in your services, which have probably stayed the same throughout the pandemic. If you are assessed to need less services in the future, you will receive a notice of the reduction. This notice will explain your appeal rights should you disagree with the results. You will not have a change in your services without a notice explaining any changes and your appeal rights.

If you have questions, please talk to your health care providers, your case manager if you have one, or contact the Long Term Care Administration. We can help you understand if and how your services may change after the pandemic and about other services that may help you to be safe at home. LTCA can also provide assistance you may need to coordinate your care and appointments. You can reach LTCA at 202-442-9533.



## Assessment Helpful Hints

**Initial Assessment** – request this assessment type when the person is not known to Medicaid previously or does not have active Medicaid

**Recertification Assessment** – request this assessment type for regular recertification of eligibility periods with Medicaid

**Change in Condition** – request change in condition reassessment with Liberty is used when the beneficiary has had a significant change in their overall condition, this could be for a change in services or discharge planning. This may be manifested by, but not limited to:

1. Changes in at least three functional areas – improved or decline
  - a. Dressing – upper and lower body
  - b. Personal Hygiene
  - c. Walking
  - d. Locomotion
  - e. Toilet Use
  - f. Bed Mobility
  - g. Transfer Toilet
  - h. Eating
  - i. Bathing
  - j. Medication Management
2. A new diagnosis that impacts overall status,
3. Three ER visits in 6 months or 2 inpatient admissions in 3 months with similar diagnosis and no PCP visit to evaluate,
4. A change in the availability of informal supports - For example, an informal caregiver can no longer provide support when the PCA is not in the home due to a significant permanent change such as death, change in employment status, major illness or injury, etc.

Any significant change in condition including but not limited to these noted above should trigger a discussion with PCP, and possible request for a change in condition assessment.

### Fair Hearing/Reconsideration

A **fair hearing** may be filed for up to 90 days from the date of receipt of a denial/ termination/reduction notice. If it is believed that not all medical information was reviewed during the assessment a **reconsideration** can be submitted with the additional medical paperwork but be submitted within 21 days of receipt of denial letter. A beneficiary can also choose to file a fair hearing in these cases if they so wish.

**Please also ensure that you are working closely with your beneficiary to schedule their appointment**