



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

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Director, Division of Aging and Adult Services

DAAS ADMINISTRATIVE LETTER NO. 20-07

TO: Area Agency on Aging Directors, Local Providers

FROM: Hank Bowers, Assistant Division Director

DATE: April 15, 2020

SUBJECT: COVID-19 Pandemic Response:

- Waiver of Client Signature at Original Completion of DAAS-101 until Later Date
- Extension Date for Area Plans
- Executive Order 130 Relevant to the In-Home Aide (IHA) Program
- Executive Order 130 Relevant to the Care Management Program
- Duration and Effective Date of Executive Order 130
- New ARMS Codes to Capture Disaster Efforts for the Family Caregiver Support Program and Senior Nutrition Programs

The Division of Aging & Adult Services extends our gratitude to the aging network for your continued diligence in providing vital home and community-based services to North Carolina's aging population during this unprecedented public health emergency.

I. Waiver of Client Signatures at Original Completion of DAAS-101 Client Registration Forms

In order to promote the health and safety of both clients and providers during the Coronavirus-2019 (COVID-19) global pandemic, the Division of Aging & Adult Services waives the requirement for client signatures at the original completion of the DAAS-101 Client Registration Form until a later date. This requirement is specified in the Client Registration Form (DAAS-101) Instructions found on the ARMS webpage at https://files.nc.gov/ncdhhs/documents/files/aging/arms/CRF_Instructions.pdf. During the COVID-19 major disaster declaration, the Client Registration Form (DAAS-101) may be completed by provider agency staff and client via telephone communication.

In lieu of the original signature, providers are instructed to read the information obtained on the form, including the statement immediately above the signature line, and ask the client for verbal confirmation. Once confirmation is obtained, this should be clearly documented on the form itself. For example, in lieu of the original signature, the provider could write on the Client Signature line "verbal confirmation received by applicant" with date and time of the phone conversation.

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Providers will obtain original client signatures during reassessments/registration form updates after the emergency has been lifted (or sooner if feasible) and maintain these forms on file in the client record for future monitoring documentation.

II. Extension of Area Plan Submission Deadline

Per the Planning Section Chief and due to the COVID-19 emergency, the deadline for the Area Plans for Aging 2020-2024 have been extended to June 1, 2020. Please contact Swarna Reddy (Swarna.reddy@dhhs.nc.gov) with questions regarding the Area Plans.

III. Executive Order 130 Relevant to In-Home Aide Programs

On April 8, 2020 Governor Roy Cooper issued [Executive Order 130: Meeting North Carolina's Health and Human Services Needs](#), which waives or modifies the enforcement of several regulations set forth in NC Administrative Code pertaining to social services programs and licensure. One of the programs addressed in the Executive Order is in-home aide programs, including the In-Home Aide Program administered through the Division of Aging & Adult Services (DAAS). The relevant sections are covered below:

Section 6. Health Services Licensure

(for all licensed agencies or agencies that subcontract with licensed agencies)

B. Waivers or modifications of enforcement of in-home aide rules.

Section 6. B allows the Secretary of Health and Human Services to waive or modify the enforcement of regulations on initial assessments or supervisory visits, adapting those provisions for social distancing during the COVID-19 pandemic. The Secretary of Health and Human Services is delegated authority to waive or modify enforcement of the following regulations:

- Regulations on initial assessment for agencies providing in-home aide services, including but not limited to 10A N.C. Admin. Code 13J .1107. Initial assessment must be conducted utilizing eligible technologies that allow for remote communication and evaluation of the client's functional status in seven (7) areas. Initial assessments may be conducted by any HIPAA compliant, secure technology including audio and visual capabilities such as smartphones, tablets and computers.
- Regulations on supervisory visits for in-home caregivers, including but not limited to 10A N.C. Admin. Code 13J .1110. Supervisory visits must be conducted utilizing eligible technologies that allow for remote communication and evaluation of services rendered. Supervisory visits may be conducted by any HIPAA compliant, secure technology including audio and visual capabilities such as smartphones, tablets and computers. If provider is unable to conduct supervisory visits as described the provider must develop a procedure by which the Registered Nurse will monitor the client's care with review of *the client's condition, progress, and response to the care provided by the in-home caregiver*.
- Any regulations that are related to the provisions listed above.

Please contact the Division of Health Service Regulations- Acute and Home Care Licensure Section regarding any questions on the above information. Contact information for DHSR: 919-855-4620 or dhsr.webmaster@dhhs.nc.gov.

Section 7. Social Services Programs and Licensure

A. Waiver or modification of enforcement regulations.

Section 7.A.4. delegates authority to the Secretary of Health and Human Services to waive or modify enforcement of the following regulations:

- Subchapters 06A (DAAS In Home Aide Services Policies and Procedures) and 06X (Family Services Manual- Chapter VIII- In Home Aide) of Title 10A of the North Carolina Administrative Code, involving in-person requirements for any visit or supervisory visit. Visits shall still occur in frequency and in scope as set forth in rules and policies. Visits may be conducted by making HIPAA compliant arrangements including audio or visual means such as telephone call or video meeting.

This Executive Order serves as a waiver for this portion of the service, therefore associated waiver requests for the In-Home Aide Program do not need to be submitted to DAAS.

IV. Executive Order 130 Relevant to the Care Management Program

Executive Order 130, linked and referenced above, is also relevant to the Care Management program administered through DAAS. The associated section is referenced below:

Section 7. Social Services Programs and Licensure

A. Waiver or modification of enforcement regulations.

Section 7.A.5. delegates authority to the Secretary of Health and Human Services to waive or modify enforcement of the following requirement:

- Subchapter 06D of Title 10A of the North Carolina Administrative Code (Care Management), involving in-person requirements for any assessment, reassessment, or quarterly visits. Visits shall still occur in frequency and in scope as set forth in rules and policies. Visits may be conducted by making HIPAA compliant arrangements including audio or visual means such as telephone call or video meeting.

As clarification regarding Care Management, it is the “in-home” component that is being waived. Assessment, reassessment, and quarterly “visits” by the RN and Social Worker are to be conducted in scope and frequency as outlined in rules, but now these three activities can occur via HIPPA compliant arrangements including audio (phone) or visual (video meeting) instead of in the home.

This Executive Order serves as a waiver for this portion of the service, therefore associated waiver requests for Care Management do not need to be submitted to DAAS.

V. Duration and Effective Date of Executive Order 130

The effective period for Executive Order 130 is referenced in the section below:

B. Temporary nature of this Section

1. Waivers and modifications under authority of this section are temporary and shall be effective only for the duration of this Executive Order.

Section 11. Effective Date

This Executive Order is effective immediately. This Executive Order shall remain in effect for sixty (60) days unless rescinded or replaced with a superseding Executive Order.

VI. New ARMS Codes to Capture Disaster Efforts for the Family Caregiver Support Program and Senior Nutrition Programs

To maintain compliance with federal guidelines, it is necessary to designate specified coding in ARMS for work designated to COVID-19 disaster efforts.

On March 25, 2020 North Carolina received official designation by President Donald Trump, as a state of Major Disaster. This declaration allowed the utilization of existing Older Americans Act (OAA) Funding to be utilized for disaster efforts to meet the needs of older adults. The following codes have been developed to designate these funds appropriately—

Family Caregiver Support Program—Codes 829, 839, 869

Code 829: Wellness Calls—COVID

This code represents telephone reassurance and caregiver well-checks specifically related to COVID-19. Please note that this is intentionally different than previous FCSP code 858—Telephone Reassurance. It may be helpful for providers to think of Code 829—Wellness Calls COVID as being more similar to other services in the 820s—FCSP Family Access Services such as an emergency preparedness and caregiver assessment. One call is the equivalent of one unit in ARMS.

Code 839: Virtual Support Groups—COVID

This code represents support groups that are being facilitated virtually, as opposed to traditional in-person support groups due to COVID-19. Given the content intended to be captured with COVID-19 Response, this category is to be captured with # of sessions and # of estimated audience.

Code 869: Other Disaster Support—COVID

This code represents miscellaneous caregiver needs associated with COVID-19. It is intended to capture caregiver necessities such as cleaning products, errands, delivery fees, and other unique items that allow caregivers to continue providing care at home. One item is the equivalent of one unit.

To maintain the balance between flexibility and accountability of these funds, providers utilizing this code are required to maintain a basic spreadsheet that includes the following information:

Client ID#	# of Units	Total Cost	Description of Items Purchased
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An electronic template of this spreadsheet will be made available by the Family Caregiver Support Program Consultant.

Senior Nutrition Program – Codes 185, 025, 186

Code 185: Congregate Nutrition-COVID

The code represents carry-out meals or home-delivered meals provided to congregate nutrition program clients. One meal is the equivalent to one unit in ARMS.

Code 025: Home-Delivered Meals IIIB Emergency Meal

The code represents meals to home-delivered meal clients that do not meet one-third of the recommended daily allowance dietary reference intake (RDA-DRI) requirements. One meal is equivalent to one unit in ARMS.

Code 186: Congregate Nutrition IIIB Emergency Meal

The code represents meals to congregate nutrition program clients that do not meet one-third of the recommended daily allowance dietary reference intake (RDA-DRI) requirements. One meal is equivalent to one unit in ARMS.

Due to North Carolina’s federal Major Disaster Declaration, the Older Americans Act Senior Nutrition Program may temporarily provide meals that do not meet the DAAS nutrition program standards. At a minimum, meals must include a serving of meat or meat alternative, a serving of grain, and a serving of a vegetable or fruit to be eligible for reimbursement using Title IIIB funding. Title IIIC cannot directly reimburse these meals but IIIC funds may be transferred to Title IIIB funds.

There will continue to be further guidance as additional funding streams are made available to the programs administered by the Division through the aging network. Please contact the associated Program Consultant, if you have further questions about the content of this Administrative Letter.

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