



To: Residential Service Agency Providers

From: Marlana R. Hutchinson, Acting Director
Office of Long Term Services and Supports *M. Hutchinson*

Date: June 5, 2020

Subject: Guidance Relating to Nursing and Personal Assistance Services During COVID-19 Pandemic

Residential Service Agencies (RSAs) are vital to the infrastructure of home and community-based services as they provide nursing and personal assistance services to individuals, the majority of whom meet a chronic or nursing facility level of care (LOC). In response to the Novel Coronavirus (COVID-19) pandemic, RSAs are required to take all reasonable measures to ensure the continuation of services while also implementing practices that mitigate the risk of virus transmission to clients and staff. Although the COVID-19 pandemic has created unprecedented challenges for RSAs, abruptly terminating services because of these challenges jeopardizes the health and welfare of clients, and is prohibited by both Maryland law as well as and the Maryland Medical Assistance Provider Agreement.¹ This memo provides recommendations for how RSAs may adjust their practices to continue services during the pandemic while mitigating the risk of virus transmission.

Telehealth and Remote Services

On April 1, 2020, Governor Lawrence J. Hogan, Jr., issued Executive Order 20-04-01-01, which expands the delivery of health care services via telehealth to the extent that services are clinically appropriate, properly documented, and otherwise comply with proper standards of care.² A supervisory visit by an RSA nurse may be conducted via telehealth or by phone when all components of the visit can reasonably be completed remotely. If a client's health status or condition is such that an audio-visual or audio-only connection will not render adequate information for the RSA nurse to make a clinical judgement (i.e., high risk or tenuous health

¹ [COMAR 10.07.05.12](#); [COMAR 10.07.05.16D](#); [COMAR 10.07.05.10F](#); Health Occupations Article [§§8-316](#) and [8-6A-10](#), Annotated Code of Maryland

² <https://governor.maryland.gov/wp-content/uploads/2020/04/Telehealth-Amended-4.1.20.pdf>

conditions), the nurse must provide face-to-face supervisory visits utilizing appropriate personal protective equipment (PPE).

A client (or his/her legally authorized representative) must provide either written or oral consent to utilize telehealth prior to the supervisory visit. The exchange of information between a client and RSA nurse must occur using a real-time, audio-visual connection (or audio-only when an audio-visual connection is not possible) in a manner that is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and must be documented in the client's medical record.

Providing Services Remotely

During the state of emergency, and if appropriate, RSA staff may provide some services remotely; for example, delivering meals they have prepared in advance or shopping for household items without the client being present. This should only be done with prior approval by the RSA nurse. If deemed appropriate, RSA staff may also deliver services via telehealth using a real-time audio-visual connection that allows staff to both see and hear the client. Personal assistance that requires only verbal cueing can be delivered by phone.³

If providing remote services, the RSA must also ensure the client is receiving the hands-on assistance necessary to complete activities of daily living (ADL). **Physical or hands-on assistance and skilled nursing tasks cannot be delivered via telehealth; staff providing this type of assistance must be equipped with the skills and supplies necessary to mitigate the risk of virus transmission.** Failing to provide hands-on assistance that results in an inability to complete ADL is considered neglect and is a violation of a client's rights.⁴

The Maryland Department of Health (MDH) is monitoring personal assistance services provided to Medicaid participants and will follow up with RSA when staff fail to provide services, resulting in a negative impact to the health and welfare of the participant. Agency staff serving Medicaid Program participants are required to use the In-Home Supports Assurance System (ISAS). Telehealth or remote services must be billed for using the Missing Time Request (MTR) process and labeled as "<COVID-19 Remote>". Administrators must specify the activities performed in the comment box for each submitted <COVID-19 Remote> MTR. The department is monitoring remote service billing and investigating MTRs that exceed what would be reasonably expected for a remote activity. Providers will no longer be permitted to bill for remote services once the state of emergency is terminated. Please see ISAS billing guidance for further details and limitations related to remote service billing.

Workforce Considerations:

There may be several workforce impacts to RSAs as a result of the COVID-19 pandemic. For example, clients may refuse to allow RSA staff into their homes for fear that staff may be infected; RSA staff may be unable to work because they have become ill and are required to isolate

³https://mmcp.health.maryland.gov/Medicaid%20COVID19/14_04.09.2020%20-%20COVID-19%2014_Waiver%20Program%20Telehealth%20and%20Telephonic%20Guidance_rev-%20Final.pdf

⁴ [COMAR 10.07.05.16D](#)

themselves; or RSA staff may not be able to provide services related of unmet child care needs. Agencies should speak with their clients (or his/her legally authorized representative) to determine whether any adjustments can be made to reduce person-to-person exposure and develop adequate back-up plans to ensure continuity of services for clients in the event that staff are unable to continue working.

Staffing Adjustments

Individuals infected with COVID-19 can be contagious for up to two weeks prior to exhibiting symptoms, which makes minimizing exposure to different individuals paramount in mitigating the risk of virus transmission. To minimize exposure, an RSA can consider employing individuals with whom the client resides if those individuals are willing to, and capable of, providing personal assistance. On March 24, 2020, MDH temporarily authorized RSAs to hire legally responsible family members as paid providers of non-skilled personal assistance services for Medicaid recipients. In addition, MDH is waiving certain requirements for these temporary providers.⁵ This directive does not include nursing services and terminates after the state of emergency ends.

For clients who receive assistance from individuals with whom they do not reside, the RSA should consider implementing a one to one staffing pattern, where only one RSA staff is assigned to provide services to one client.⁶ While not required, this staffing pattern is ideal because it reduces the number of exposures for both the client and RSA staff.

Childcare Options

RSA staff are defined as essential workers and are eligible to receive child care services at no cost through the end of the state of emergency.⁷ Eligible providers are listed on the Maryland Department of Education, Division of Early Childhood, website:

<https://earlychildhood.marylandpublicschools.org/state-funded-child-care-essential-personnel>.

Returning to Work for Staff with Confirmed, or Suspected, COVID-19 Infection

Under no circumstances should RSA staff be allowed to render services if they are confirmed, or suspected, of being actively infected with COVID-19. This includes RSA staff who have known close contact with an individual with a confirmed COVID-19 diagnosis or is exhibiting symptoms consistent with COVID-19.⁸ These staff must isolate themselves until they meet the return to work criteria established by the Centers for Disease Control and Prevention (CDC).⁹ The RSA should assign a different staff member to provide services to the client. Agencies should consult the CDC

⁵ <https://mmcp.health.maryland.gov/Medicaid%20COVID19/03.24.2020%20MDH%20COVID-19%205%20RSA%20Temp%20Auth%20Legally%20Responsible%20Family%20Members%20Services.pdf>

⁶ [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

⁷ <https://governor.maryland.gov/wp-content/uploads/2020/03/Child-Care-Access.pdf>

⁸ CDC defines close contact as being within 6 feet of an individual for a prolonged time or having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

website frequently as the return to work criteria is updated occasionally and varies depending on access to testing.

Infection Control:

COVID-19 spreads mainly between individuals in close contact for a prolonged period of time through respiratory droplets produced when an individual who is infected coughs or sneezes, or by an individual touching a surface or object that has the virus on it and then touching his/her mouth, nose, or eyes. The best way to prevent transmission is by avoiding close contact with an infected individual and maintaining adequate infection control practices, including the use of PPE. Robust screening and infection control measures are necessary to prevent the transmission of COVID-19 to, or from, a client. The CDC, the Centers for Medicare and Medicaid Services (CMS), and MDH have issued guidance for staff who interact closely with individuals exhibiting symptoms of COVID-19.

Screening

Agency staff must conduct a daily self-assessment prior to entering a client's home and an assessment of the client one hour prior to the home visit as described in the April 9th 2020 Memo, *COVID-19 #14: Use of Telephonic and Electronic Means of Communication in lieu of Face-to-Face Contact by Direct Care Providers*.¹⁰ If RSA staff have a fever over 100.4°F or respond “yes” to any of the below questions, they should immediately inform the RSA nurse/supervisor and a different, asymptomatic staff member should be assigned to provide services to the client. The RSA nurse/supervisor must be consulted if the staff resides with anyone who:

- Has a fever, cough, shortness of breath, nausea, vomiting, or diarrhea;
- Is currently sick with COVID-19 or the flu; or
- Has been told by a health care provider that they should not have visitors due to illness

If a client, or anyone in his/her household, responds “yes” to the above questions, and if the home visit is necessary to ensure the health and welfare of the client, RSA staff must make the home visit utilizing appropriate PPE (*see PPE Recommendations*). The client should also wear a mask or cloth face covering, unless the person has trouble breathing, is incapacitated, or is otherwise unable to remove the mask without assistance. If someone with whom the client resides is ill, he/she should remove himself/herself from the areas in which the RSA staff is providing services.

If the client responds “no” to all of the above questions, the RSA staff should utilize a cloth face covering, exercise standard precautions, and must follow respiratory hygiene, cough etiquette, and hand hygiene throughout the duration of the visit.

PPE Recommendations

Agencies should determine which PPE should be used based on the client's response to the above screening questions and recommendations from the CDC. If circumstances require RSA staff to

¹⁰ https://mmcp.health.maryland.gov/Medicaid%20COVID19/14_04.09.2020%20-%20COVID-19%2014_Waiver%20Program%20Telehealth%20and%20Telephonic%20Guidance_rev-%20Final.pdf

utilize PPE, the RSA nurse must provide training and verify competency in how to properly apply, remove/dispose¹¹, and optimize the life of PPE.¹² The CDC has posted instructional videos demonstrating proper PPE application and removal.

Agency staff must use full PPE when in close contact with a client who is confirmed, or suspected, to be infected with COVID-19. This includes a gown, gloves, eye protection (such as goggles or a disposable face shield that covers the front and sides of the face), and respiratory protection such as a National Institute for Occupational Safety and Health (NIOSH)-approved N-95 or higher level respirator or mask (if a respirator is not available).¹³ When not in close contact with a client, RSA staff should follow these recommendations from the CDC: [Caring for Someone Sick at Home](#).¹⁴

Agency staff should be equipped with N-95 or higher level respirators when they are assisting, or present for, an aerosol generating procedure such as open suctioning of airways, non-invasive ventilation (i.e. BiPAP or CPAP), nebulizer administration, and others. These procedures generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, or breathing and increase the risk of virus transmission.

Obtaining PPE

Agencies should attempt to purchase PPE through normal channels. If PPE cannot be obtained, the RSA should complete the [Emergency Medical Material Request Form](#)¹⁵ and return it to the [local point of contact](#)¹⁶. The World Health Organization (WHO) has issued recommendations for alternatives and optimizing the use of PPE during severe shortages, such as reuse or extended use of PPE, bundling care to minimize the number of close contact interactions with individuals, and potential alternative items that may substitute for PPE. Agencies should review [Rational use of personal protective equipment for coronavirus disease \(COVID-19\) and considerations during severe shortages](#) and determine which recommendations can be reasonably implemented and appropriately practiced by RSA staff.

Below are a list of resources that RSAs may consult for ongoing recommendations and best practices relating to the COVID-19 pandemic:

- Coronavirus Disease 2019 (COVID-19) For Healthcare Professionals
 - <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- Coronavirus Disease 2019 (COVID-19) Interim Infection Control Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

¹² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

¹³ https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

¹⁵ https://mmcp.health.maryland.gov/Medicaid%20COVID19/Emergency%20Medical%20Material%20Request%20Form_PPE%2004012020_Final.pdf

¹⁶ <https://mmcp.health.maryland.gov/Medicaid%20COVID19/Updated%20Local%20POC%27s%20for%20Resource%20Info%2004012020.pdf>

- <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>
- Coronavirus Disease 2019 (COVID-19) Caring for Someone Sick at Home
 - <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
- Centers for Medicare and Medicaid Services, Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)
 - <https://www.cms.gov/files/document/qso-20-18-hha.pdf>
- Coronavirus Disease 2019 (COVID-19) Using Personal Protective Equipment (PPE)
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages
 - https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf

Please contact the Office of Long Term Services and Supports at (410) 767-1739 for questions related to this guidance.