



TO: Care Coordination Organizations
CEOs of Voluntary Provider Agencies
Developmental Disabilities State Operations Offices (DDSOO) Directors
Developmental Disabilities Regional Offices (DDRO) Directors
Provider Associations
Willowbrook Consumer Advisory Board

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SUBJECT: **OPWDD Care Management Remote Technology (Telehealth) Service Delivery Policy:** Care Coordination Organization/Health Home (CCO/HH) Provider Policy
Guidance and Manual Updates

Purpose

The purpose of this Memorandum is to define:

1. Face-to-Face (FTF) Care Management contact requirements for In-Person and Remote Care Management meetings.
2. Remote technology and its permissible use to meet the Care Management FTF contact requirements.

Background

This memorandum establishes updated service definitions and parameters under which CCO/HHs must provide FTF contacts for Care Management service delivery. This guidance replaces FTF contact requirements described in the [January 2021 Memorandum](#). The provisions in this memorandum will take effect upon the conclusion of the COVID-19 Federal Public Health Emergency (PHE) anticipated to be May 11, 2023.

1. Remote Technology

Remote Technology, for the purposes of this memorandum, refers to an electronic method of care management service delivery, including any two-way, real-time communication which incorporates audio and video components and that meets the requirements of the Health Insurance Portability and

Accountability Act of 1996 (HIPAA) including all applicable telehealth and/or remote security standards. Remote Technology is a permissible option to meet the Care Management FTF contact requirements when all the following are true:

- The request to use remote technology is initiated by the person and/or his/her family/representative and not the CCO or care manager.
- The remote support is face-to-face (i.e., the Care Manager can see the person/person's representative and the person can see the Care Manager and Care Planning Team)
- The remote supports ensure the person's rights of privacy, dignity and respect, and freedom from coercion and restraint.

From this point forward, for the purposes of meeting the CCO/HH contact requirements, the FTF contacts can now occur in two possible ways: 1) in-person; or 2) through the use of remote technology where those in the meeting can be seen via the use of video technology and heard via the use of audio technology. The remainder of this policy will refer to these two options as "In-Person" and "Remote" contacts.

1b. Remote Technology – For Providing Care Management Services

Remote technology cannot be the sole mode of care management FTF contact with a person (see the requirements outlined in section 2i). Remote technology is available under certain conditions to allow for continuity of care management services when in-person care management contact is not possible (e.g., during recovery from an accident, illness, crisis), or it may be used as part of care management service delivery that incorporates both In-Person contact and Remote contact in order to provide greater flexibility to the person and/or their family/representative when desired, appropriate and effective to the delivery of care management services.

The Care Manager and care planning team must assess the effectiveness of care management contacts during times when remote care management contacts are provided to the person and assess that the person's needs can be effectively met when remote technology is used. People may require some physical assistance from natural or paid supports to set up and facilitate the contact/visit/meeting. If the person lives in a certified residential setting, the Residential Habilitation provider must participate in the person-centered planning process regarding the delivery of Remote care management contacts. If the person's needs cannot be met and the person's privacy cannot be assured, then the delivery of care management services using remote technology is not appropriate or acceptable. The Care Management record must document that this process occurred.

The appropriate use of remote technology for care management and other specific services (see "[ADM#2021-03 Ability to use Technology to Remotely Deliver Home and Community-Based Services \(HCBS\)](#)") is determined as part of the person-centered planning process. People must affirmatively request Remote care management contacts over In-Person contacts and provide written informed consent for the delivery of care management services via remote technology. The planning team will establish an

agreed upon schedule for In-Person and Remote care management contacts and the Care Manager must document the person's decision to use Remote contacts and confirm effective delivery of care management services via Remote contacts. The person and/or the family/representative and the Care Manager each have a role in planning for the use of remote technology as described below.

ii. Role of the Person and/or the Family/Representative

- 1) The person and/or the family/representative must provide informed consent to receive Remote care management contact(s) in lieu of the required in-person contact(s) as outlined in the chart below.
- 2) The person and/or the family/representative must reaffirm their choice to continue engaging in Remote contacts during each Life Plan review (semi-annually).
- 3) The person and/or the family/representative will contact the Care Manager, at any time, if the use of remote technology is no longer desired.

iii. Role of the CCO Care Manager Delivering the Face-to-Face Remote Service

- 1) The Care Manager explains privacy requirements and appropriately documents in the person's Life Plan that the person and/or the family/representative have expressed a desire and have consented to engage in Remote care management contacts.
- 2) The Care Manager must confirm that the person has the equipment adequately suited to the person's needs to appropriately engage in Remote care management contact. The equipment must meet all security standards set forth in HIPAA. The equipment must also include both audio and visual modalities.
- 3) The Care Manager attests they have informed the person and/or his/her family/representative about their ability to change from receiving care management services Remotely to In-Person at any time and how to make that change.
- 4) The Care Manager ensures that the person's needs are met through Remote contacts and that the care management service delivery is effective and meets quality requirements. If engaging remotely becomes unsafe, ineffective, or does not meet the person's needs, it must be discontinued.
- 5) The Care Manager ensures that the continued use of Remote contacts is reviewed and reaffirmed by the planning team semi-annually to coincide with the Life Plan Reviews.
- 6) The Care Manager will take immediate action to amend the Life Plan if the person and/or the family/representative chooses to withdraw consent for the Remote care management contacts.
- 7) The Care Manager initiates the process to return to In-Person care management contacts if the person/person's Representative requests it or it is determined that Remote contacts are unsafe, ineffective, or do not meet the person's needs. This includes engaging in the person-centered planning process to discuss with the person and/or the family/representative the need to move to In-Person care management contacts, making the necessary arrangements to transition to In-Person care management contacts, and updating the Life Plan.

2. Requirements for In-Person and Remote Contact for Care Planning Meetings

- i. The following chart outlines the minimum requirements for FTF care management contacts that must occur at each Tier, in accordance with applicable OPWDD and DOH guidance and the provisions of this memorandum.

Individual's Tier Level	Minimum Requirements
	<ul style="list-style-type: none"> • For all new CCO/HH enrollees, regardless of tier, within sixty (60) days of a person being enrolled in a CCO/HH, the Care Manager must conduct an In-Person meeting with the person. • This chart references a calendar year and the required contacts should be prorated, beginning with the first full quarter of enrollment, based on these triggering events: End of PHE, enrollment or disenrollment or if the person moves between tiers within the calendar year.
<p>Tiers 1-3</p>	<p>Minimum of Quarterly Face-to-Face (FTF) Contact (January-March; April-June; July-September; and October-December) is required as follows:</p> <ul style="list-style-type: none"> • If the person requests Remote FTF contacts and it is deemed appropriate in accordance with Section 1 of this memorandum: <ul style="list-style-type: none"> ○ Minimum Requirement of two In-Person contacts annually <ul style="list-style-type: none"> ▪ The annual Life Plan meeting must occur In-Person; ▪ The other In-Person contact can occur at the semi-annual Life Plan review meeting OR a meeting for another purpose. This meeting should take place at a location of the person/ representative's choosing. ▪ A minimum of at least one (1) In-Person contact per six (6) month period is required. ○ All other required FTF contacts (in accordance with Section 1 of this memorandum) could occur through Remote contact when based upon the person's request and not based on a Care Manager, CCO/HH or provider preference. • If Remote contacts are <u>not</u> requested by the person or their representative or are not appropriate for the person in accordance with Section 1 of this memorandum, four (4) In-Person contacts annually are required.
<p>Tier 4 Non-Willowbrook</p>	<p>Monthly Face-to-Face (FTF) contact is required as follows:</p>

Individual's Tier Level	Minimum Requirements
	<ul style="list-style-type: none"> • If the person requests Remote FTF contacts and it is deemed appropriate in accordance with Section 1 of this Memo: <ul style="list-style-type: none"> ○ Minimum Requirement of at least one (1) In-Person contact per quarter during the calendar year <ul style="list-style-type: none"> ▪ The annual Life Plan meeting must occur In-Person. ▪ The other In-Person contacts can occur at the semi-annual Life Plan review AND/OR for other purposes. These meetings should take place at locations of the person/representative's choosing. ○ All other required FTF contacts may occur (in accordance with Section 1 of this Memo) via Remote contacts when based upon the person's request and not based on a Care Manager, CCO/HH or provider preference. ○ The person or their representative may choose fewer than monthly Remote or In-Person FTF contacts; however, this informed choice must be clearly documented in the Life Plan and the care management record. <ul style="list-style-type: none"> ▪ If fewer contacts are chosen and clearly documented through the informed choice process, a minimum of at least one (1) In-Person contact per six (6) month period is required. • If Remote contacts are <u>not</u> requested by the person or their representative or are not appropriate for the person in accordance with Section 1 of this memorandum, then the required monthly FTF contact must occur In-Person.
Tier 4 Willowbrook Class Members	Monthly In-Person contact is required

- ii. The FTF contact requirements described in this memorandum are considered the minimum number of contacts/visits to support billing for CCO/HH services. However, Care Managers should consider if and when additional contacts/visits are needed or appropriate.

For example, more frequent In-Person contacts are especially important when a person is new to the care management service or has a new Care Manager to help establish a trusting and supportive relationship. It should not be assumed that the required minimum number of In-Person and/or Remote contacts equates to the provision of quality care management services. The expectation is that the Care Manager will evaluate, monitor, and adjust the number and type of meetings that will best meet the person's needs and goals as needed.

Care Managers should provide care management services and supports based on the specific needs and method(s) of interaction required for each person's unique circumstances, taking into account relevant factors such as the person's preferred communication style; use of verbal/non-verbal communication methods; availability of technology to communicate (as referred to in Section 1); living situation; need for health and safety checks; major life changes; and other relevant factors.

Care Managers must take into account the cultural and linguistic needs of a person and their family members or advocates and ensure that Remote or In-Person contacts are held in a manner that is responsive to the cultural needs and language preferences of the person. Information shared at the contacts/visits should also be shared in a way that is easily understood. This requirement is outlined in person-centered planning regulation [14 CRR-NY 636-1.2](#) and the [CCO/HH Provider Policy Guidance and Manual](#).

In addition, Care Managers are expected to meet with someone In-Person immediately if there is cause to do so. This could be due to any potential health or safety risk, or concerns relayed to the Care Manager by the person, family members, advocates, providers or another party. Also, if the person's needs warrant an in-person health and safety check, an In-Person contact must occur. (Examples include: the home environment poses a risk to the person; the person is not keeping his/her home clean and sanitary; the person has no weather appropriate clothing or food; there is a lack of natural supports or there are inadequate paid service providers that interact with the person on a regular basis, etc.).