



Eric Holcomb, Governor  
State of Indiana

**Division of Aging**  
MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
TOLL FREE: 1-888-673-0002  
FAX: 317-232-7867

**To:** Area Agencies on Aging  
**From:** Sarah Renner, Director Division of Aging  
**CC:** FSSA Audit  
**Date:** March 16, 2020  
**Topic:** COVID-19 Executive Order 20-02 Program Requirement Modifications  
**Duration:** March 6 – April 6, 2020 unless otherwise extended through Executive Order

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## Background

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”.

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans<sup>i</sup>.

Indiana issued a Declaration of Public Health Emergency on March 6, 2020.

## 1.1 Care Management and Options Counseling

### Guiding Factors

- (1) Follow CDC guidelines and protocols in connection with the spread and control of Covid-19<sup>ii</sup>.
- (2) Options counselors and care managers must work in healthy and safe environments.

If a care manager or options counselor is uncertain about following through with a home visit, the following steps should be taken:

- Determine if ISDH has identified positive COVID-19 cases in the county in which the home visit will occur<sup>iii</sup>. **If positive COVID-19 cases exist in a county in which a home visit will occur, then the Division does not expect the home visit to occur.**
- **Follow the Guiding Factors.**
- Assess if individuals in the home have experienced fever, cough, and/or shortness of breath in the past 2-14 days.<sup>iv</sup>



## Program Requirement Modification Guidance

While Executive Order 20-02 is in effective, the Division is modifying program requirements for care managers and options counselors.

### 1. Initial Assessments may be conducted by phone.

The initial assessment includes a mandated long InterRAI, escreen, PCMt, Freedom of Choice, and pick lists. The Division has allowed a temporary change in CaMSS for the short InterRAI to be conducted by phone only. The short InterRAI assessment is only related to escreen indicators.

Depending on service options or type, the level of service, service checklists, or Freedom of Choice may also be included in the assessment process. The care manager or options counselor should include a letter that clearly describes the services and instructs how the participant must complete the forms. Staff are encouraged to include a self-addressed envelope to assist in the retrieval of completed documents. In addition, a care manager or options counselor may assist individuals with these documents over the phone to help alleviate confusion.

The initial assessment is expected to be thorough to ensure the consumer has a fair determination. The Division is aware that phone assessments, especially for initial reviews, can be difficult to explore and determine a person's level of assist and care without being able to observe the person in their home environment. The options counselors or care manager should rely on person centered thinking discovery tools to explore eligibility and service plan needs.

- *Good Day Bad Day* can be used in conjunction with Routines and Rituals to obtain information on ADL's. This will help focus the conversation on what a person's needs and abilities are, rather than just the diagnosis.
- *Working/NotWorking* could be used to identify why someone is needing assistance, and help guide the conversation to determine what community or formal supports will be most appropriate.
- *The Relationship Map* is helpful when mapping out supports and helps to find out what is important to and important for someone.
- Indiana Certified Person Centered Trainers piloted and prepared a guidance on using person centered discovery tools with the interRAI. The guide is attached for review and implementation. If care managers or options counselor need coaching on using person centered practices, please consult the trainer in your agency. If your agency does not have a certified trainer and coaching is needed, please reach out to Amy Rapp with the Division who can assist with connecting to a certified trainer appropriately.

Temporarily, the Division is not expecting an increase in denials on NFLOC. Supervisors are expected to be flexible in their reviews. If you need to consult on the NFLOC assessment please contact the Care Management Team.

**2. Annual and Re-entry assessments may be conducted by phone.**

The Assessment includes a mandatory long interRAI, e-screen, PCMt, and pick list. Depending on service options or service type, the level of service, service checklists, or Freedom of Choice may also be included in the assessment process. The Division maintains that care managers or options counselors must evaluate service activity and utilization with all providers. Once the Assessment is reviewed with the participant, and if the participant consents, then continue the process by submitting the eligibility and service plans electronically. Forms that require signatures from participants may be mailed. The Division encourages care managers or options counselors to include a guidance letter describing the forms and what the participant needs to complete them. Include a self-addressed envelope so that forms will be returned.

**3. Quarterly assessments may be conducted by phone.**

Quarterly assessment include a mandatory PCMt and evaluation of eligibility and service planning utilization. During this assessment if a participants needs have changed warranting a service plan update, then care managers and option counselors should follow the expectations outlined in the Annual and Re-entry Assessment section.

**4. Updates to Service Plans may be conducted by phone.**

If there is a need to modify a service plan, then modifications may be conducted by phone. Case managers and option counselors should follow the expectations outlined in the Annual and Re-entry Assessment section.

**5. NFLOC re-assessment at 180 days may be conducted by phone.**

NFLOC re-assessments may be conducted by phone. If there is a change in services warranted by the re-assessment, then case managers and option counselors should follow the expectations outlined in the Annual and Re-entry Assessment section.

**6. ADRC Pay Points:** During the claiming period affected by Executive Order 20-02, if an entity exceeds contractual time frames, then the full amount may still be claimed.

## 2.1 Nutrition

### Guiding Factor

- (1) Each nutrition program should follow its emergency preparedness policies and procedures, as well as any federal, state, and local public health directives regarding congregate gatherings.

### Program Requirement Modification Guidance

While Executive Order 20-02 is in effective, the Division is modifying some program requirements for nutrition programs.

1. A congregate nutrition provider may provide shelf-stable or frozen meals that can be counted as Nutrition Services Incentive Program (but not Title III-C1). Meals must be domestically produced and program participants must meet Title III-C1 program participation requirements. NSIP funds cannot be used for SSBG congregate nutrition program participants under the age of 60 or for CHOICE.
2. CHOICE funds may be used for emergency meals for eligible CHOICE nutrition program participants.
3. For those that budgeted SSBG funding for meals, SSBG funds may be used for emergency meals for SSBG nutrition program participants provided the funding is available within the Agency's submitted SSBG budget.
4. Any emergency meals should be counted when delivered, not consumed. When claiming for reimbursement, AAAs must provide back-up documentation indicating the number of participants receiving the emergency meals and number of emergency meals provided to:
  1. Title III-C1 program participants using NSIP funds
  2. CHOICE nutrition program participants (indicate above and below age 60)
  3. SSBG nutrition program participants (indicate above and below age 60)

Program eligibility and reporting requirements for participation still apply. We recognize that with the nature of the situation, some congregate nutrition program participants may meet home delivered meal program guidelines and become homebound for a period of time. Through the Older Americans Act, there is some flexibility to transfer funds between Title III-C1 and Title III-C2. Please reach out to discuss amending your FFY 2020 grant if the need arises.

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<sup>i</sup> <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#basics>

<sup>ii</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

<sup>iii</sup> <https://www.in.gov/isdh/28470.htm>

<sup>iv</sup> <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>