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## **Frequently Asked Questions and Resources Regarding COVID-19 for Agencies and Others Providing Home- and Community-Based Services (HCBS) to Older Persons and Adults with Physical Disabilities**

**Last Updated: March 18, 2020**

### **1. Will people with disabilities be given lower priority for treatment at hospitals?**

No. Regulations require hospitals to conduct medical screening evaluations and admit, stabilize and discharge, or transfer based on the medical condition, need for treatment, and capacity to treat. A denial or restriction of treatment based on disability is a violation of the regulations.

### **2. What guidance is available for services that are provided at home?**

The Centers for Medicare and Medicaid Services (CMS) issued guidance for Home Health Agencies (HHAs) on March 10, 2020.: [CMS guidance](#)

This guidance is relevant to other types of services that are provided at home and it outlines:

- How agencies should screen members/patients before or immediately upon arrival to the home
- How and when agencies should monitor and restrict visits by their staff
- When a member/patient with suspected or confirmed COVID-19 can be treated at home or transferred to a hospital
- Considerations for family or other individuals who are at home with a member/patient with known or suspected COVID-19
- Personal Protective Equipment (PPE) that should be used by staff

**3. What screening questions should we be asking our consumers/members prior to conducting face-to-face visits or assessments?**

The [CMS guidance](#) for home health agencies is applicable and includes screening questions and actions. The guidance addresses screening of staff, members/patients, and visitors. Home care and home health agencies should implement screening practices immediately.

**4. What are the requirements regarding face- to- face assessments and visits during the COVID-19 pandemic?**

Agencies conducting member/patient assessments should screen the members/patient in accordance with the guidance linked above.

If face-to-face assessments or reassessments are not possible or feasible, staff may complete these activities by telephone or other technological methods [telehealth guidance](#), considering the member's capacity to engage in a meaningful way in a manner other than face-to-face.

During such remote assessments, staff should carefully document the following:

- The consumer's stability at home, considering possible interruptions in service or alternative service delivery methods
- The availability of appropriate caregivers
- The impact of any social isolation on the consumer's/member's well-being
- The consumers'/members' ability to access other necessary resources in the community
- The extent to which there are household members who are at increased risk of complications from COVID-19 infection (people > 65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney complications)

Staff should inform members who are receiving remote assessments that this is a temporary measure, and once the risks of the virus are remediated, staff will schedule a face-to-face assessment, and the quantity and/or types of services may be adjusted based on that assessment.

**5. What guidance is available for face-to-face Case Manager/Service Coordination visits?**

Case managers/care coordinators/ skills trainers can conduct visits telephonically or by other remote technology to protect health and safety. We recommend that agencies follow their own protocols and telehealth/HIPPA compliant meeting policies which should be implemented at this time. Providers should also review MaineCare's recently

released [telehealth guidance](#), which also includes links to resources for providers who may need help providing telehealth services.

**6. Will Meals on Wheels continue to be delivered?**

Area Agencies and others are working hard to maintain their network of volunteer drivers, many of whom are older, so meals can continue to be delivered. In the event that fewer drivers are available, contingency plans are being put into place to deliver food less frequently, but in larger quantities. For example, a person might get a fresh meal plus two frozen meals for the following days. Each agency is making adjustments based on their current staffing situations. For more information about nutrition and other Older Americans Act program-specific information, please visit the Administration for Community Living's [COVID-19 website](#).

**7. How can Area Agencies on Aging onboard new volunteers quickly to answer the increased demand for services and rapidly changing access to volunteers?**

In order to balance a streamlined approach with the continued need to provide health and safety for those served new volunteers can be onboarded while AAA's simultaneously conduct required background checks.

**8. What about older adults who don't normally get food delivered, but who find themselves isolated and unable to get food. Are there any options for them?**

Isolated older adults should prepare for isolation by stocking up on canned goods, cereals, grains, etc., and checking with their nearest grocery stores about home delivery options. Those who find themselves stranded without adequate food or supplies should seek assistance from their local [area agency on aging](#), town office, or call 211 for listings of local area food banks.

**9. Can you provide guidance on provider staff congregating for training? Is Zoom training recommended?**

On March 18, 2020, Governor Mills announced that all gatherings of more than 10 people be prohibited until further notice. This is a good time to replace in-person training with Zoom or other remote learning platforms. Requirements for in-person training can be met using remote technology for as long as the COVID-19 emergency continues.

**10. Where can I turn if I think someone is at risk of abuse, neglect or exploitation during this period?**

You should do the same thing you would do during any other period: submit a report to Adult Protective Services at 1-800-624-8404 or <https://www.maine.gov/dhhs/oads/aps-guardianship/report.html>.

**11. How will OADS communicate with Aging and Physical Disability stakeholders going forward?**

This document will be updated as guidance changes and more questions are answered. OADS will also have weekly open stakeholder calls to provide updates and hear directly from aging and physical disability stakeholders. (As with the CDC calls, these are not intended for the press.) The CDC should still be considered the best resource for current information about COVID-19 in Maine, and for current guidance on best practices. OADS will post this document and other age/physical disability-related guidance on its website. The CDC is maintaining an [FAQ document](#) that is updated regularly, and the Office of MaineCare Services will be posting updating guidance and information for MaineCare providers related to COVID-19 on their [website](#).

**12. Are there policy or regulatory modifications being considered to minimize potential exposure to COVID-19?**

DHHS is developing a request to the federal Centers for Medicare and Medicaid Services (CMS) to waive certain requirements in Maine's home and community-based services (HCBS) programs. <https://www.maine.gov/dhhs/press-release.shtml?id=>

In the meantime, providers of HCBS under MaineCare Benefits Manual Sections 18, 19, 20, 21, 29 should take whatever actions are necessary to ensure the health and safety of the members in their care.

**13. Where can we find Personal Protective Equipment?**

The CDC has offered the following link: [PPE Request](#)

If you have questions that you would like addressed on these calls, please use the [OADS@Maine.gov](mailto:OADS@Maine.gov) e-mail address and put in the subject line: “COVID-19 Question”. In between calls, as updates occur that we feel should be shared sooner, we will send e-mails through our list-serve.