

Wednesday, April 1, 2020



1. **LHCSA section 766.11(d)(4) PPD**
Suspend the requirement for newly hired and existing staff to receive a PPD test as per regulation below. Require a telephone screen similar to guidance issued during PPD shortages.
2. **LHCSA section 766.11(d)(5) Annual health assessment & PPD**
Suspend the requirement for existing staff to have an annual health assessment done in person and to have an annual PPD. Require the screening to be done by phone. If any health concerns are noted, follow up required by employee's health care provider.
3. **LHCSA section 766.11(c) Initial health assessment**
Allow for a registered nurse (RN) to conduct the pre-employment health assessment rather than a physician, nurse practitioner or physician's assistant and allow for the screening to be done over the phone rather than face-to-face. If any health concerns are noted, follow up required by employee's health care provider. After the state of emergency has ended, require follow up with physician within 30 days for a complete health assessment.
4. **766.1(a)(1) for LHCSAs and 763.2(a)(1) for CHHAs – Patient Rights**
Allow patients to be informed of certain rights prior to the initiation of care via telephone or permitted telehealth modalities (see questions 16, 17, and 18 in the March 31 FAQs on COVID-19 and March 23 Medicaid Update)
5. **LHCSA section 766.11(f)(ii) Criminal history record check to the extent required by Part 402 of this Title**
To the extent that facilities are closed and not screening individuals or staff are not able to obtain appointments either due to transportation or other barriers, allow home care agencies to:
 - (i) assign staff without undergoing a CHRC;
 - (ii) supervise staff during the state of emergency with weekly phone (instead of in-person) supervisions; and,
 - (iii) for those employees who undergo fingerprinting, allow agencies to conduct provisional visits via phone. After the state of emergency has ended, require fingerprinting be completed within 10 days.
6. **LHCSA section 766.11(f)(i) and (g) Employment history**
To the extent that fingerprinting scan facilities are closed and access to employment records are limited, waive these requirements.

- 7. TBI and NHTD Waiver Application Requirement and PCA Certification Requirement for HCSS workers**
Allow participants who require only oversight and supervision for HCSS and do not need hands-on care to be provided by non-certified (PCA) staff. This should also be allowed as a billable service during the declared emergency. Depending on the specific Activities of Daily Living (ADL) needs of a participant, certified and non-certified staff could be shared by a participant.
- 8. TBI and NHTD Waiver Application Requirement. Annual UAS Reassessment**
Allow for a lapse in the annual UAS reassessment, including the functional health assessment, in circumstances where there is no available authorized personnel to conduct due to redeployment for other care needs or concerns about COVID-19 exposure. Written approval for lapse and allow for billing during this time.
- 9. LHCSA 766.11(d) Measles and Rubella**
To the extent that facilities are closed and access to school and medical records are limited and/or unavailable, and as NYS schools have required students to have complete MMR immunizations since 1991, allow during the emergency for any applicant hired or born on after January 1, 1987 and who attests to attendance in a NYS school for primary education through graduation, to be presumed to have immunity against measles and rubella and no documentation will be required during the emergency. After the state of emergency, documentation will be required to demonstrate immunity within 30 days. Any employee who had this requirement waived, and later shows no immunity will require follow up.
- 10. LHCSA. Alternative Competency Demonstration (ACD) for PCAs**
The qualifying look-back period should be extended to five years with two months of experience (currently six months experience over the past year).
- 11. LHCSA. section 766.11(i) (1) and (2) Annual In-service Training Requirements for HHAs and PCAs.**
Suspend the annual requirement that HHAs receive 12 hours of in-service training and PCAs receive 6 hours of in-service training annually. These trainings are conducted in congregate group settings.
- 12. Home Health Aide Training Programs. Guide to Operation of a Home Health Aide Training Program:** www.health.ny.gov/professionals/home_care/docs/hhatp_guide.pdf
Extend the 60-day time period (by at least 60 days) by which classroom and supervised practical training (SPT) and competency evaluation must be completed within each trainee's entry into a HHA training program. Also, allow SPT to be conducted via telephone or telehealth as SPT sites are not available.



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11. LHCSA Physician Orders 766.4(d)(1) and (d)(2) and 763 for CHHAs

Extend time period to obtain authenticated signature by an authorized practitioner beyond the current 12 months after admission to the agency; and (2) when changes in the patient's medical orders are indicated, orders, including telephone orders, shall be authenticated by the authorized practitioner beyond the current 12 months.

13. Uniform Assessment

Allow functional health assessment to be conducted by phone or permitted telehealth modalities as is allowed currently for the community health assessment.

14. Essential Providers

Issue instruction to police/law enforcement agencies that home care workers are essential “businesses/health care operations” and thus able to travel.

15. Parking Placards

Extend temporary parking placards to include home care aides operating under Article 36 of the Public Health Law

16. Service Area Expansions

Allow CHHAs, LHHCPs and LHCSAs to provide services outside of their approved geographic area to meet surge needs.