

From Area Agencies on Aging (not sure which, if any, of these, need legislation):

Pg. 4 Lines 6-13. I read this to cover level funded Medicaid payment for case management regardless of a decrease in billed hours. The language is "if a provider's patients or clients are not seeking services due to the COVID-19 pandemic." Ideally, the language would also reflect decreased utilization due to operational changes put in place to comply with CDC and VT Dept of Health recommendations (i.e. decreased face to face visits).

Pg 7 (Waivers and Variances). They have included here the entire "Choices for Care High/Highest Manual" which is extremely broad. Specifically I would request:

--Waive the requirement to request variances for clients who exceed their CM hourly allocation (or allow retroactive requests)

--Waive the requirement, within parameters, to request variances for urgent, temporary increases in need for Personal Care, respite, and companion services for CFC participants

--Expand the "special circumstances" clinical eligibility requirement for CFC High/Highest to include needs caused directly or indirectly by the COVID 19 pandemic, to include clients whose needs cannot be met by other services due to resource limitations due to the state of emergency (i.e. clients whose needs are mental-health based but who would not be able to access appropriate mental health supports during this time, clients who have lost a caregiver, etc.)

--Waive the in-person assessment requirement for new CFC participants.

Pg 7 lines 18 and Pg 8 line 3

--Request to expand the list of authorized PCA providers for CFC and MNG participants to more than 2 (Bayada and HHAs) by expanding temporary home health licensing or relaxing billing criteria to allow billing by non-licensed agencies

Pg. 8 line 7: This is the only reference that I see that could be describing 3 squares and fuel assistance. Again, it is minimal. I would request:

--Waive the signature and verification requirements for new public benefits applications, including 3squares

--Waive or extend the deadline for recertification during the state of emergency.

--Allow clients to add authorized reps to their account over the phone

Pg 11: Section 13 Access to Healthcare Services

--Recommend mail-order pharmacies be covered by all state part D plans

--Recommend waiving late enrollment penalties

Pg 16: Telehealth

--Recommend waiving face-to-face requirement for initial assessment to initiate telemental health services.

Amy Shollenberger

Action Circles for Area Agencies on Aging