COVID-19 Person Centered Planning (PCP)  
Frequently Asked Questions (FAQ)  
April 24, 2020

1. **Is it necessary to update (a.k.a. “reversion”) the Person Centered Plan (PCP) to reflect the closure of a Community Support program due to COVID-19?**

   It is not necessary to capture the closure of a Community Support program in the PCP if the service is still medically necessary and the member wants the service. A PCP should be updated as the needs of a member change and at the request of the member/guardian.

   If the member still has a need for Community Support but is not currently accessing Community Support due to a COVID-19 program related closure, *please document this in a General Note attached to the PCP.*

2. **Is it necessary to update (a.k.a. “reversion”) an existing Person Centered Plan (PCP) with authorized services (e.g. Community Support, Work Support, Career Planning, Home Support-¾ Hour) to reflect the member’s decision to receive services via Telehealth?**

   OADS and the Office of MaineCare Services (OMS) have encouraged providers to consider utilizing Telehealth for the delivery of MaineCare-covered services when appropriate and necessary (see OMS guidance about Telehealth available at [https://www.maine.gov/dhhs/oms/COVID-19.shtml](https://www.maine.gov/dhhs/oms/COVID-19.shtml)).

   a. If the “Description of Service” and “Goals” in the Person Centered Plan (PCP) for the respective service remain consistent when delivered via Telehealth, an update (a.k.a. “reversion”) of the PCP is not necessary. *Please document this in a General Note attached to the PCP.*

   b. If the “Description of Service” or “Goals” to be delivered via Telehealth for the respective service will differ than what is captured in the current Person Centered Plan (PCP), then the Case Manager will update (a.k.a. “reversion”) the PCP:

      i. The applicable service provider/s will update the PCP Service Planning Narrative to identify the interim plan for services to be provided via Telehealth during COVID-19.

         • Provide a brief description of the type and level of support to be provided via Telehealth (to/with/for) the member.
• Identify criteria for adjustment back to the Service Description/Goals identified in the PCP (e.g. “when the COVID-19 emergency ends”).
• Document member/guardian consent to the interim plan.

ii. No new Prior Authorization is needed for services (e.g. Community Support, Work Support, Career Planning, or Home Support-¼ Hour) via Telehealth.

3. Will OADS and the Office of MaineCare Services (OMS) be waiving member/guardian signature requirements at this time, and does verbal (and noted) permission suffice for required documentation such as Person Centered Plans (PCPs)/Service Plans and Progress/Contact Notes? Can I have flexibility on obtaining signatures for required documentation?

In the event a signature is normally required for documentation and an electronic signature available through a unique log-on and time stamp is not available, the Department offers the following resolutions (see OMS guidance issued 4/3/2020):

a. Providers may accept email or text message notification from the member/guardian and internal clinical approval as proof of approval of the assessment or Person Centered Plan (PCP). The email or text message providing consent must be kept in the member’s record. *If consent was given in relation to the member’s Person Centered Plan (PCP), the approval date should be entered on the PCP Face Sheet.*

b. Documentation in the member’s record of verbal approval of assessments or Person Centered Plans (PCPs) is acceptable during the emergency period, if documentation of approval by member text or email is not an option. *If consent was given in relation to the member’s Person Centered Plan (PCP), the approval date should be entered on the PCP Face Sheet.*
4. **Are signatures required for the submission of Section 21/29 Authorization Request Forms during COVID-19?**

Following guidance from the above Office of MaineCare Services (OMS) guidance issued 4/3/2020 regarding permissible ways to document member/guardian consent during the COVID-19 emergency:

   a. Case Managers may submit email/text notification from the member/guardian as proof of approval of the PCP to the Resource Coordinator.
   b. If the member/guardian does not have e-mail/text, the Resource Coordinator will accept an e-mail from the Case Manager attesting that the member/guardian has verbally consented to the requested changes.
   c. Case Manager and Supervisor signatures are not required.

**Added April 24, 2020**

5. **How do Case Managers help facilitate an annual Person Centered Plan (PCP) during the COVID-19 emergency?**

During the COVID-19 emergency, Person Centered Plan (PCP) development and planning meetings may be conducted using telecommunications (see OMS guidance about Telehealth available at [https://www.maine.gov/dhhs/oms/COVID-19.shtml](https://www.maine.gov/dhhs/oms/COVID-19.shtml)).

   a. The Case Manager shall initiate Process Coordination, Part 1 with the member/guardian. Services and supports necessary to mitigate harm or risk directly related to the COVID-19 emergency shall be identified.

   b. Document in the annual PCP Description Box: “Plan was completed during the COVID-19 emergency”. Identify existing providers who are unable to complete Services and Supports Planning due to COVID 19 program closures or resource limitations.

   c. The Case Manager shall conduct Process Coordination, Part 2 with the member/guardian, and ensure Services and Supports Planning documents measures put in place to address COVID-19 related risk factors:

      i. For providers who conduct Services and Supports Planning, the Case Manager shall review completed Service Planning with the member/guardian.

      ii. For providers who are currently not delivering services and unable to conduct Services and Supports Planning due to COVID-19 program closure/resource limitations, the Case Manager shall document this in the “Personal Plan Narrative.”
d. The Case Manager shall help facilitate the Personal Plan Meeting\(^1\) and obtain PCP approval. See guidelines for signatures during COVID-19 in **Question #3** above.

e. For those PCP’s documenting that a provider/s is unable to complete Services and Supports Planning\(^1\) and /or participate in the Personal Plan Meeting\(^1\) due to COVID-19 program closures or resource limitations, within ninety (90) days of the PCP Effective Plan Date:
   
   i. The Case Manager shall update (also known as “reversion”) the PCP.
   
   ii. The provider shall meet with the member/guardian to complete Services and Supports Planning\(^1\).
      
      - The date services will resume must be identified.
   
   iii. The Case Manager shall review completed Service Planning with the member/guardian and confirm agreement with their goals and proposed services.

   iv. The Case Manager shall obtain signatures verifying consent to the PCP.