COVID-19 Emergency
Person Centered Plan (PCP) Changes

On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States due to COVID 19. On March 11, 2020 World Health Organization (WHO) publicly characterized COVID-19 as a pandemic. These procedures are to guide Person Centered Planning (PCP) until the COVID 19 emergency resolves.

With the member/guardian, the case manager shall:
1. Assess the member’s current needs,
2. Identify any barriers to meeting needs,
3. Formulate a plan to assure the member’s health and safety.

If there will be a change in how current services are delivered, new services will be added, or new locations for existing services, this may be noted by the case manager changing (also known as “re-versioning”) the current PCP in the Enterprise Information System (EIS).

1. Open the current Person-Centered Plan (PCP) in EIS, and re-version plan.

   PCP start date is the date you are re-versioning the PCP

   ![PCP Image]

   NOTE: If you have already re-versioned for an annual plan, the case manager will have to “COPY” the current plan and indicate in the description box that it is a “COPIED” plan.

2. Write in the PCP Description Box: “Update (date) COVID 19 Emergency PCP Changes. See updates in the Personal Plan Narrative and (if applicable) Service Planning Narrative.”

3. Describe any changes to services related to the COVID 19 emergency in the PCP.
   a. Each service provider may continue to update their PCP Service Description/Planning Narrative in EIS, if time and resources permit.
   b. If a service provider is unable to update their PCP Service Description/Planning Narrative in EIS due to COVID 19 resource limitations, the case manager may capture the changes in the Personal Plan Narrative.
i. If the Personal Plan Narrative does not have available character space, instead attach a General Note (identify corresponding note assessment number) to document service changes.

c. Documentation of changes shall include:
   i. Need for the change and when it occurred,
   ii. Description of the scope of the change (e.g. Community Support ceased as a center-based program. Member elected to temporarily not receive this service/ Provider will deliver via telehealth)
      • If a new service is added, describe what the provider will do to, with, and for the member,
      • Identify any change in service location,
   iii. Temporary address where the person will be re-locating (if applicable)
      • please ADD this address as a “Temporary” address in EIS, and
   iv. Criteria for adjustment back to authorized services/locations (e.g. “when the COVID-19 emergency ends”).

4. If case management services are impacted (beyond the use of telehealth), describe in the Case Management Service Description/ Planning Narrative.

5. Document member/guardian consent to the temporary changes identified as they relate to health and safety due to COVID 19.
   a. During the COVID 19 emergency, the Office of MaineCare Services (OMS) will consider signatures obtained within 45 days as contemporaneous.
   b. Providers may accept email notification from the member/guardian as proof of approval of the plan. The email providing consent must be kept in the member’s record. Signature must be attained when that becomes possible.
   c. For members who do not have access to email or internet, signatures obtained via hard copy and sent by mail will be considered contemporaneous when received within the timeframe stated above.
   d. Verbal approval of plans is not an acceptable form of approval under MaineCare policy, with exception to servicing members who are homeless and have no other means of obtaining written approval. Signature must be attained when that becomes possible.

6. Document provider consent to the temporary changes identified as they relate to health and safety due to COVID 19.
   a. Until further notice, OMS will consider signatures obtained within 45 days as contemporaneous.
   b. Email notification may serve as proof of approval of the service plan. The email providing consent must be kept in the member’s record. Signature must be attained when that becomes possible.

7. Submit request to Resource Coordinator- send a completed Authorization Request Form (Case Manager and Supervisor signatures are not required).