



## MEMORANDUM

**To:** Home and Community-Based Services Providers  
Home and Community-Based Services Case Management / Supports Planning Agencies

**From:** Marlana R. Hutchinson, Acting Director  
Office of Long Term Services and Supports

**Re:** Home and Community-Based Services (HCBS) Person-Centered Service Plan Signature Options during COVID-19 Emergency

**Date:** June 5, 2020

**Note:** *Please ensure appropriate staff members in your organization are informed of the contents of this memorandum.*

---

### Background

To assist providers in meeting the many challenges they are facing because of the COVID-19 pandemic, the Maryland Department of Health is temporarily waiving certain requirements related to signature collection. This guidance applies to any requirement for participant or provider signatures on home and community-based services (HCBS) person-centered service plans used to authorize services for any of the Programs mentioned below. These flexibilities will be in effect immediately and are restricted to use during the emergency declared by Governor Lawrence J. Hogan. This guidance supersedes previous information shared in COVID-19 guidance that stated only written consent is acceptable.

The actions apply to the following program providers (“the Program”):

- Autism Waiver Providers and Service Coordinators
- Brain Injury Waiver Providers and Case Managers
- Community First Choice Providers and Supports Planners
- Community Pathways Waiver Providers and Coordinators of Community Services
- Community Personal Assistance Services Providers and Supports Planners
- Community Supports Waiver Providers and Coordinators of Community Services
- Family Supports Waiver Providers and Coordinators of Community Services
- Home and Community-Based Options Waiver Providers and Case Managers
- Increased Community Services Providers and Case Managers
- Model Waiver Providers and Case Managers

During the state of emergency, the following signature options are available:

1. **Verbal consent**

- a. Participants or their authorized representative and service provider(s) may verbally agree to the person-centered service plan. Verbal consent must be documented in the participant’s case record. Notice must be sent by mail to the participant/authorized representative alerting of the verbal consent to service(s) within 10 calendar days. Providers must follow the steps outlined and communicate the conversation to the assigned case manager for documenting purposes and to alert them to send notice of confirmation.
- b. The case manager should confirm in the participant case record that the participant/authorized representative or service provider has verbally assented to each statement.
- c. Read the following statement aloud to the participant or authorized representative or service provider as necessary:

“I am going to read you three statements, and I would like for you to say if you understand each of them.”

[Read the statement and then pause for participant/authorized representative to agree, and then check off]

- 1. I understand that participation in home and community-based services requires a valid and approved person-centered plan of service.
- 2. I am signing this plan of service under penalty of perjury.
- 3. This means I have provided true answers to all the questions to the best of my knowledge.

Providers shall confirm.

**d. Document verbal consent in the case record using the following statements:**

- i. “[Insert name of participant/authorized representative/service provider] was not able to physically or electronically sign the person-centered service plan due to COVID-19, and verbally consented to services included on the [insert plan type] and attested to the following statements:”

- ii. “[Insert name of participant/authorized representative/service provider] verbally attested to the following statements: (1) I understand that participation in home and community-based services requires a valid and approved person-centered plan of service. (2) I am signing this plan of service under penalty of perjury. (3) This means I have provided true answers to all the questions to the best of my knowledge.

**2. Electronic signature collected by the provider and case management entity**

**3. Submission of an attestation as by email, PDF, photograph, or by mail**

- a. Participant or their authorized representative may sign and date a paper with the following statement written or printed on it:

“I, (insert name of Person/authorized representative/service provider), have reviewed (Name of Document) on (insert reference date) and agree to its content.”

- b. A copy of the signed attestation should be sent to the Program:

1. By U.S. mail;
2. By electronic mail, with the written attestation included as an attached PDF file;  
or
3. As a photograph--a legible picture of the statement, signature, and date taken and submitted electronically, e.g., by email or text message.

**Additional Resources**

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Maryland Department of Health, Department of Budget Management  
<https://dbm.maryland.gov/employees/Pages/COVID19.aspx>

See “Guidance for Home Visiting Staff” under Information for State Agencies

- For Medicaid-related Coronavirus updates, visit [mmcp.health.maryland.gov](http://mmcp.health.maryland.gov).
- For questions about the Coronavirus, visit [coronavirus.maryland.gov](http://coronavirus.maryland.gov).

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

