

COVID-19 Managed Care Organization Guidance

The Wisconsin Department of Health Services (DHS) continues to place high priority on protecting the health and well-being of Family Care, Family Care Partnership and PACE members while continuing to ensure member centered care planning. To help ensure health and safety for all during the COVID-19 pandemic, a unified, consistent set of COVID-19 guidelines has been developed for all managed care organizations (MCOs). The phased plan below will maintain flexibility to ensure that individuals and families continue to be supported. All MCOs have a responsibility to adhere to the guidelines outlined in the plan with the goal of mitigating potential for transmission of COVID-19. This cooperative effort will establish and maintain the health and safety of members. Where other guidance is referenced, it is hyperlinked.

Note: DHS is currently operating in [Phase 4](#).

Phase Number	Date Implemented
Phase 1	March 2020 – Mid-June 2020
Phase 2	Mid June 2020 – Mid-July 2020
Phase 3	Mid-July 2020 – May 15, 2021
Phase 4	May 16, 2021 – January 9, 2022
Phase 3	January 10, 2022 – February 28, 2022
Phase 4	March 1, 2022 – TBD

Phase 1 March – Mid-June 2020	
Contacts and Visits	Assessments and Plans
<ul style="list-style-type: none"> • MCOs shall follow guidance and flexibilities outlined in the Family Care FAQs: <ul style="list-style-type: none"> ○ Required in-person quarterly face-to-face visits may be conducted through phone or virtual formats (Skype, FaceTime, etc.). 	<ul style="list-style-type: none"> • Telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication are allowable for services that can be delivered with functional equivalency. –Telehealth Guidance • Documentation of verbal consent is temporarily allowable for MCO documents requiring signatures.

<ul style="list-style-type: none"> ○ Annual LTCFS and change-in-condition screens may be conducted through phone or virtual formats (Skype, FaceTime, etc.). ● MCOs are expected to adhere to the DHS/MCO required contact frequency with members who are not considered high-risk. ● MCOs shall make weekly contact, at a minimum, to high-risk members. <ul style="list-style-type: none"> ○ Weekly contacts may occur through phone, virtual formats (Skype, FaceTime, etc.), email, or text. ● MCOs shall use their professional judgment when determining if an in-person visit may be replaced with a phone or virtual contact. In-person contacts that are substituted with phone or virtual contacts must be documented in the member record with the reason for the substitution. 	<ul style="list-style-type: none"> ● DHS is requiring initial, six-month, and annual reviews to be completed on the timelines outlined in the DHS-MCO contract. These may be completed via phone or virtual. ● DHS is allowing flexibility to complete functional screens and assessments for members in residential settings. DHS realizes the staff in these settings are focused on providing direct care services to members during this emergency. This flexibility applies to all licensed homes and skilled nursing facilities. Certified 1-2 bed adult family homes can be included, however, if staff are able to work with the team to complete these items, they should be completed. ● Member Care Plans (MCP) shall be reviewed with the member, guardian or family over the phone or virtually. The care team shall document in the member record whether there are any needed changes to the care plan or if the current care plan meets the member’s needs.
<p>Phase 2 Mid-June – July 31, 2020</p>	
<p>Contacts and Visits</p>	<p>Assessments and Plans</p>
<ul style="list-style-type: none"> ● MCOs shall conduct education with MCO staff on safe in-person visits. ● MCOs shall obtain personal protective equipment (PPE) for MCO staff. ● MCOs shall plan for and make adjustments or accommodations, as applicable, from phone and virtual visits to in-person visits. ● Each MCO shall develop an internal process for prioritizing members most in need of in-person visits in community and residential facilities. 	<ul style="list-style-type: none"> ● MCOs shall assess the volume of MCPs adjusted due to COVID-19. ● MCOs shall develop a plan to complete assessments, MCPs, and long term care functional screens that were not completed during the emergency. ● MCOs shall discuss strategies to support members return to employment and other community based services. ● Interdisciplinary Teams (IDT) shall: <ul style="list-style-type: none"> ○ Limit time within homes and residential settings. ○ Complete as much of the assessment as possible by phone or virtually. The IDT may then go to the member’s home at a later date to visually assess the person, equipment, and care areas.

- Obtain MCP signatures when an in-person visit occurs.

Phase 3
August 1, 2020 – May 15, 2021
Resumed January 10, 2022 – February 28, 2022

Contacts and Visits

- IDTs shall provide education to the member and others in the household on how an in-person visit will be conducted. If the member or their legal representative states they are uncomfortable with an in-person visit, IDTs shall offer an outdoor visit or other type of visit to see the member. IDTs shall document in a case note all COVID-19 education provided and alternatives to a safe in-person visit that were explored. If an in-person visit will not occur, an alternative type of visit shall be conducted such as phone or virtual.
- IDTs shall coordinate between the registered nurse and case manager for one person to complete each in-person visit to reduce the number of individuals in a home or residential setting.
- IDTs shall complete as much of the visit as possible through phone or virtually to limit the amount of time physically present in or around the home or residential setting.
- Functional screeners will complete as much of the screen as possible virtually to limit the amount of time physically present in or around the home. The Long-Term Care Functional Screen (LTCFS) visit will focus primarily on review of physical living environment.
- Face-to-face visits should aim to be 15 minutes or less, based on CDC guidelines. IDT or screener staff should maintain a distance of more than 6 feet from the member.

Assessments and Plans

- If service changes related to COVID-19 remain on MCPs, the IDT shall discuss transitioning temporary services.
- IDTs will continue to authorize telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, if the services are functionally equivalent. See [Family Care guidance for remote supports](#). Documentation of verbal consent continues to be allowable for documents requiring signatures until an in-person visit occurs.
- IDTs will follow phase 3 contact and visit guidance to complete assessments, MCPs, and functional screens that were not completed during phases 1 and 2.

- Visits should be based on member situation and need; therefore, a visit may be longer than 15 minutes to ensure member health and safety.
- All parties in the member’s home should wear a mask during the face-to-face visit. If the member is not able to wear a mask, the MCO should work with the member to accommodate their need.
- For more information please see the CDC guidance at this link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>.
- IDTs shall complete contacts in accordance with the DHS-MCO contract. This includes all members in community and residential settings or nursing facilities.
- DHS has directed MCOs to make pre-visit calls to residential and nursing facilities. If the facility has a policy in place that does not permit the MCO staff to visit in person, the visit may be conducted by other means such as virtual.
- DHS has also directed MCOs to work collaboratively with providers to develop a plan to move forward in these difficult times.
- DHS has directed MCOs to consolidate staff to limit the number of individuals they will send into a facility.

Phase 4

May 16, 2021 – January 9, 2022

Note: returned to Phase 3 on January 10, 2022

Resumed Phase 4 on March 1, 2022

Contacts and Visits

- Resume contract requirements and normal practice

Assessments and Plans

- Resume normal practice and contract requirements.
- IDTs may continue to authorize telehealth services utilizing interactive synchronous (real-time) technology, including audio-only

- IDTs shall complete contacts, including in-person visits, in accordance with the DHS-MCO contract. This includes all members in community and residential settings or nursing facilities.
- All parties in the member's home should wear a mask during the face-to-face visit. If the member is not able to wear a mask, the MCO should work with the member to accommodate their need.
- DHS has directed MCOs to make pre-visit calls to residential and nursing facilities. If the facility has an active COVID outbreak and does not permit the MCO staff to visit in person, the visit should be postponed until the IDT can get in and the MCO must document the situation in the case notes.
- DHS continues to recommend consolidating visits and the number of staff entering facilities if the facility is in an area that has high or medium COVID-19 activity. MCOs may use the DHS information on this page as a resource: <https://www.dhs.wisconsin.gov/covid-19/local.htm#activity>. IDTs shall provide education to the member and others in the household on how an in-person visit will be conducted.
- Exception requests for in person visits must go to the Member Care Quality Specialist to be analyzed on a case-by-case basis. Exceptions will not be granted for MCO related issues. For more information see the CDC guidance at this link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>.

phone communication, if the services are functionally equivalent. See [Family Care guidance for remote supports](#).

Additional Notes

- Phases and dates are fluid and may shift forward/backward based on DHS guidance. This is a working document and DHS will review as needed.
- If an outbreak occurs in the future, DHS will consider reverting back to Phase 3 depending on the circumstances.
- Refer to the following Home Visit Safety resources:
 - [COVID-19: Protecting Yourself During a Home Visit](#)



- [In-Home Visits for Social Workers](#)
- [Use and Conservation of Personal Protective Equipment](#)
- [HCBS Recipients How to Protect Yourself and Others.](#)

- ***Document last modified 3/1/22***