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Date: May 13, 2020
To: IRIS Consultant Agencies
From: Betsy Genz, Director
Bureau of Adult Programs and Policy
RE: IRIS Contact Standards During the COVID-19 Emergency

This memo replaces the version dated April 2, 2020

Purpose & Summary

This memo describes and outlines minimum contact standards by IRIS Consultants necessitated by the COVID-19 emergency.

Standards

To ensure health and safety needs of participants are adequately addressed during this emergency, the Department of Health Services (DHS) is implementing weekly -contact standards for IRIS consultants (ICs).

To assure IRIS Consultant Agencies (ICAs) are fully supporting participants and providing them with needed levels of support and service coordination, DHS is asking that ICAs carry out the following activities:

- 1. Make an initial contact** with each participant immediately to address immediate care needs, health and safety, high risk status, back-up plans, adequate household and medical supplies, and other similar needs.

Even though face-to-face contacts are not required, ICs are the key link to participants, their families and caregivers during this emergency. It is critical to maintain contact with participants focusing on high-risk situations and the most vulnerable participants. You can provide basic COVID-19 resources, links to the DHS website, and community resources.

- 2. Ensure the participant backup plan** is adequate and in place to follow during the emergency, taking into account capacity of the participant, their family and caregivers.

In addition, assess the following:

- Participant health and safety is the first priority. ICAs should adhere to the fundamentals of the “Safer at Home” order.
 - Participant’s mental health and strain related to this emergency. Provide supports as needed including accessing telehealth options and offering the Division of Public Health crisis line and 211.
 - That participant’s basic needs are being met including having enough food in the home and the ability to get groceries and medications.
 - Availability of community resources and any new resources that have been developed during this COVID-19 emergency.
- 3. Establish a rigorous plan** for carrying out more **frequent (at least weekly) and in-depth contacts with high-risk** participants. Talk with participants about their health and safety needs, identify prevention strategies, and report any incidents that occur. These contacts should be documented in the participant case notes.

When determining whether or not a participant is **high risk**, please utilize the following criteria: The participant is dependent on a single caregiver, or two or more caregivers, all of whom are related, to provide or arrange for the provision of nutrition, fluids, or medical treatment that is necessary to sustain life and to whom at least one of the following applies:

- Is nonverbal and unable to communicate feelings or preferences;
 - Is unable to make decisions independently;
 - Is clinically complex, requiring a variety of skilled services or high utilization of medical equipment;
 - Is medically frail;
 - Any additional indicators of high risk status for COVID 19 (i.e. over the age of 60, underlying health conditions, etc.)
- 4. If the participant is unwilling to have weekly contact**, the IC must:
 - Document this in WISITS
 - Identify the plan for ongoing communication (minimum of every 14 days)
 - **Note:** this must be initiated by the participant
 - 5. If an ICA is unable to make contact with an IRIS participant** (or their legal decision maker), the ICA must:
 - Document in WISITS all attempted efforts to make contact with the participant or legal decision maker. This contact may have been attempted in any of the following ways:

- Phone
- Virtual (Skype, FaceTime, etc.)
- Email
- Text
- Collateral contacts (Family members, participant hired workers, or others that may be able to report on the participant’s safety)
- If the ICA is unsuccessful in their attempts to reach the participant or their legal decision maker within seven (7) days, the ICA shall provide the participant with one additional notification restating the purpose of their contact attempts, at the Department’s directive. The ICA should also inform them that if they do not contact their IRIS consultant within the next two (2) days, the ICA will be contacting the local police department to request a wellness check.

Background: COVID-19 and Wisconsin’s “Safer at Home” Order

In December 2019, a novel strain of the corona virus (COVID-19) was detected, which has spread worldwide, including to every state in the United States of America. On January 30, 2020, the World Health Organization declared COVID-19 to be a Public Health Emergency of International Concern. On March 12, 2020, Governor Tony Evers declared a public health emergency to direct all resources needed to respond to and contain COVID-19 in Wisconsin. Governor Evers designated the Department of Health Services as the lead agency to respond to the emergency and directed the Department to take all necessary and appropriate measures to prevent and respond to incidents of COVID-19 in Wisconsin.

On March 23, 2020, citing Wis. Stat. § 252.02(3) and (6) and Executive Order #72, Andrea Palm, Secretary-designee of the Wisconsin Department of Health Services issued Wisconsin’s “Safer at Home Order.” Among other things, it put in place requirements that Wisconsinites “Stay at Home” except for critical tasks and abide by “Social Distancing Requirements” – “the practice of keeping at least six feet apart from others and avoiding direct physical contact” as a primary tool in the effort to slow the rate of infection.

Questions on this Memo

Please direct questions regarding this memo to DHSDMSCOVID19@dhs.wisconsin.gov.

Information on COVID-19

Since this is a rapidly evolving situation, we encourage ICAs to frequently monitor the [DHS website](#) for updates and to follow @DHSWI on [Facebook](#) and [Twitter](#) or dhs.wi on [Instagram](#). Additional information can be found on the [Centers for Disease Control and Prevention website](#). For non-Medicaid questions related to COVID-19, individuals can:

- Text COVID19 to 211-211
- Visit www.211Wisconsin.org
- Call 2-1-1