



Using the Resource Allocation Decision Process During the COVID-19 Pandemic

A guide to facilitate consistent and intentional communication with managed care organizations

Introduction

The Wisconsin Department of Health Services (DHS) has developed a COVID-19-specific [Resource Allocation Decision \(RAD\)](#) resource to support the continued work of managed care organizations to find new and creative solutions during this public health emergency. This resource is designed to help interdisciplinary team (IDT) staff in ongoing conversations with members and their legal decision makers about their changing needs during and after the COVID-19 pandemic.

The RAD framework is designed to specifically address member needs, so guidance in this resource is intended to illustrate some of the likely common experiences of members during these times. The following content incorporates questions that may help IDT staff address the added complexities members are currently facing as a result of this public health crisis.

While this conversation is member centered, the IDT needs to come to the discussion prepared to add ideas and insights and bring potential solutions forward. Since this guidance is specific to COVID-19 and limited to this situation, narrowing the focus of the discussion can be an important aspect of targeting member needs during this time.

Step 1: Identify the issue(s)/concern(s)/need(s)

In order to proceed with service planning, it is essential within Step 1 of the RAD to spend time exploring as an IDT, including the member/legal decision maker, how COVID-19 has impacted goals and concerns for the member. By narrowing down and prioritizing concerns, the IDT is prepared to begin addressing the core issues underlying the needs of the member through the remaining steps of the RAD.

Remember some members do well responding to direct questions. Others may provide more information when prompted more indirectly with the use of phrasing such as:

- Tell me more about...
- Share with me...
- Help me understand...

Explore member needs

Explore how the COVID-19 pandemic has impacted the member's goals and challenges.

Changes due to the COVID-19 pandemic

- How has COVID-19 impacted the member?
- What is happening for the member at this time?
- What are the priorities for the member to get through this time?
- What is still working well for the member?
- What else has changed for the member (e.g. the member's work schedule, family work schedule, difference in or a reduction in supports from family and friends)?

Routines and daily life

- What happens in a "typical" day or night right now?
- What tasks/times of day/activities does the member find most challenging?
- What would "better" look like right now?
- What would a good day look like right now?
- What types of activities would the member like to be able to do during this time?

Caregiver and family needs

- What opportunities are there for self-care?
- What does the member and the member's family do to manage stress? Conflict? What does the member's family do when stressed out, sick of each other, bored?

Review potential changes to the Member-Centered Plan (MCP)

Based on responses to member questions, review the outcomes and goals with the member to drive conversation surrounding these key questions.

- What would success in reaching an outcome or goal look like right now for the member?
- Have the member's current supports and services continued to be helpful? Would the member like to review or make any changes?
- What are the top three things that would be the most helpful to the member right now?
- Does the member have access to the member's usual support systems? What has the member tried to stay connected? What else might be helpful?

Establish a communication plan for use during the public health emergency

Because service planning is an ongoing process, it is expected that communication and discussion will continue throughout the public health emergency. Establish a communication plan with the member so everyone knows what to expect. If appropriate, develop a crisis plan specific to this public health emergency when providers and services may not be available as usual.

Planning for regular communication

- What is the member's preferred method of communication?
- Is the member receiving the right kinds of communication? What would they like to receive more of? Less of?
- Beyond the minimum required contacts, how often does the member want to communicate with the IDT? For example, some members may want a daily or weekly check in, some may not.

- Do members know when they can expect to hear back from the IDT (e.g. within 24 hours)?
- Do members know who they should contact if they can't reach their IDT at a certain time?

Planning for the unexpected

- What is the plan for if the member is still receiving face-to-face provider services, and the provider becomes sick, is unavailable, or doesn't show?
- What is the plan for services if a member, family member in the home, or a provider becomes ill with COVID-19?
- What is the plan if the member is not responding to communication, especially if they are a vulnerable high-risk member?

Step 2: Relate the core issue to the member's long-term care outcome

For each core issue identified:

- How does the core issue relate to the member's long-term care outcome?
- Does the core issue affect the member's health or safety?
- Does the core issue affect the member's independence, ADLs, or IADLs?

Step 3: Explore options

It is more important than ever to explore creative ideas for how the core issue or outcome identified in Step 1 could be addressed. Common issues for members/legal decision makers during this time could be stress, loss of routine, missing friends and loss of key support staff. Think creatively about how to remediate those issues. To promote more creative solutions, consider how this issue might be addressed for any other member not in a long-term care program. Remember that during the public health crisis, responses and access to services may include new or different providers and new or different ways of accessing services than have been used in the past.

Questions to discuss

- Discuss the different options for members to access services. What would each option look like?
- How could technology and the use of remote services provide opportunities to:
 - Increase independence and connection?
 - Develop new skills?
 - Build social connections for the member?
- What are the barriers to accessing services?
- Are multiple supports needed to fully support the outcome or goal?
- Does the member need to be connected to other local resources?

Face-to-face service delivery

If considering face-to-face provider services, explore and weigh the risk of exposure to COVID-19 versus the impact of service not being provided at all.

- Is there an ongoing or increased need for the service?
- What are the alternatives to face-to-face contact?
- What health conditions or vulnerabilities should be taken into consideration for the member?
- What is the risk of exposure to the member, family members, caregivers, or providers? Are there any vulnerable family members?
- What is the accessibility of personal protective equipment (PPE)?
- What is the member's comfort level and preference?

Remote service delivery

- What is the member's comfort level with using technology for service delivery?
- Does the member, family or facility have access to the necessary technology for remote services? If not, what are the options for obtaining this technology?
- Does the member need assistance in order to use the technology? Is there someone who can support them to do this?
- Consider and explain confidentiality issues when using remote services both in individual and group settings. Is the member comfortable with the risks to privacy?

Member-specific considerations

- What are the member's preferences?
- Does the plan suit or fit the member's culture and values?
- Is the member comfortable with this plan?
- What supports and services are likely to be effective?

Potential local resources to have available

Member-focused resources

- Online activities and groups for members, families, and caregivers
- Summer programming options (remote and face-to-face)
- COVID-19 resources in plain language/visual representations

Food and nutrition resources

- Supplemental Nutrition Assistance Program (SNAP)
- Food pantries, free meal sites
- Grocery delivery options

Economic supports

- Unemployment resources
- Financial resources
- [Emergency Assistance information](#)

Community connections

- Mental health providers delivering telehealth services

- Community advocacy agencies
- Community resources (such as community centers, libraries, nonprofit agencies, religious organizations)
- Parent supports (Family Resource Centers, local support groups)

Reducing barriers to services

- Resources to help access reliable internet service
- Resources to secure technology to utilize remote services
- Provision of respite by a sibling or neighbor
- Access to PPE
- Transportation services

Step 4: Review options with member

- What are the most effective options to support the member's long-term care outcome?
- The most cost-effective option to support the member's long-term care outcome?
- Cost-effective means effectively supporting an identified long-term care outcome at a reasonable cost and effort.

Step 5: Apply policies or guidelines

- What organizational or policy guidelines apply?
- The IDT should reference any MCO policies, procedures or guidelines and incorporate into the RAD process.

Step 6: Make a decision

Once all options have been explored and reviewed with the member and the team has applied any necessary organizational policies or guidelines a decision can be made. Negotiate with the member or legal decision maker to reach a decision that best supports the member's long term care outcome with needed considerations during the COVID-19 pandemic.