

Family Care COVID-19 Frequently Asked Questions

Note: Any exceptions to the DHS/MCO contract or standard practice will only be allowed during the COVID-19 Public Health Emergency.

Number	Question	Answer
ELIGIBILITY, ENROLLMENT, AND DISENROLLMENT		
1	**CHANGED** How will Medicaid certifications/renewals be handled during this period?	With the extension of the public health emergency, DHS is developing a new plan for Medicaid reviews. DHS will send a communication to providers when a plan is formalized.
74	Patient Liability and Cost Share	Refer to the GovD message issued on 12/28/20 for information on Patient Liability and Cost Share Change .
2	Can DHS stop enrollment or transfers into or between LTC programs, MCOs or ICAs?	DHS cannot stop enrollments into our programs or transfers between our programs due to CMS requirements.
3	**CHANGED** Should certain disenrollments be delayed?	MCO-requested disenrollments and disenrollments for not paying cost share should be put on hold until further notice. This grace period begins on March 1, 2020. If a disenrollment was started before that date, those members will not be included in the grace period. The public health emergency has been extended until 4/16/22. HHS will provide states with 60 days' notice prior to termination. No members should be disenrolled during this emergency except individuals who are admitted to an IMD or incarcerated.
60	Will children's waiver participants transition into adult LTC during the emergency?	Youth should transition from the CLTS Waiver Program to an adult long-term care program per permanent policy in the CLTS Waiver Program Manual (P-02256), Chapter 4.05, Support and Service Coordination service definition, when the youth is eligible for an adult long-term care program.
4	**CHANGED** How are loss of eligibility from functional screen level of care changes or renewals being handled?	No case will close due to a level of care change or a screen not being completed through the public health emergency which was extended to 4/16/22. HHS will provide states with 60 days' notice prior to termination. All members who had a level of care change since 3/15/20 that would result in loss of eligibility must

Number	Question	Answer
		have a new screen done in person before taking any action. No members will be disenrolled through the extended public health emergency.
61	How will the federal stimulus checks affect Medicaid eligibility?	DHS has confirmed that stimulus checks will not count as income, and will not be counted as assets for the first twelve months, as pertains to SSI and Medicaid eligibility.
62	Are there MAPP (Medicaid Purchase Plan) requirements being waived?	<p>The work requirement is suspended until further notice.</p> <p>https://www.dhs.wisconsin.gov/medicaid/mapp-work-requirement-covid.pdf</p> <p>Premiums are on hold.</p> <p>https://www.dhs.wisconsin.gov/medicaid/mapp-premiums-letter-covid.pdf</p>
MEMBER CONTACT REQUIREMENTS AND TELEHEALTH		
5	Will DHS relax the member contact frequency requirements?	Please refer to the MCO COVID-19 guidance document
6	Will DHS relax the face-to-face visit requirements?	Please refer to the MCO COVID-19 guidance document
7	Are any functional screen requirements being modified during this time?	Please refer to the MCO COVID-19 guidance document
42	How do I document if I'm not able to complete a functional screen?	Functional screens should be completed as they become due. Members will not be disenrolled except as indicated in this document.
9	Current Medicaid rules say telehealth cannot occur in the member's home; it must occur in a medical facility. Will this be modified to allow for video counseling in place of in-person?	<p>The three ForwardHealth Updates on telehealth linked here provide clarification on this question and others regarding telehealth:</p> <p>https://www.forwardhealth.wi.gov/kw/pdf/2020-09.pdf</p> <p>https://www.forwardhealth.wi.gov/kw/pdf/2020-12.pdf</p> <p>https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf</p> <p>All HCBS waiver services are included in the ForwardHealth guidance.</p> <p>Information regarding HIPAA requirements for telehealth during this emergency can be found at:</p> <p>https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</p>

Number	Question	Answer
63	How would we access remote technologies for members?	<p>The Interdisciplinary Team (IDT) will use the existing service authorization policy, the Resource Allocation Decision (RAD) Method, or other DHS approved alternative to authorize remote waiver services. The IDT must consider whether the member has the proper equipment and is comfortable and capable to participate in the remote waiver services. If technology equipment cannot be obtained for the member from another source, the IDT will use the RAD process to determine whether equipment is appropriate to authorize and obtain for the member.</p> <p>The Member Centered Plan (MCP) will be updated when a need for remote waiver services is identified. If the IDT determines that the service cannot be authorized remotely, the IDT must authorize the service in person. A member may grieve the IDT decision.</p> <p>For further information refer to the following memo: https://www.forwardhealth.wi.gov/WIPortal/content/html/news/pdf/TRWS_Guidance.pdf.spage</p>
75	<p>**CHANGED**</p> <p>The 2022 MCO contract, Article V.K,1.e. Remote Waiver Services and Interactive Telehealth lists waiver services that may not be authorized for remote delivery. Do these exclusions apply during the PHE?</p>	<p>No, these exclusions do not apply during the PHE.</p> <p>For further information refer to the following memo: https://www.forwardhealth.wi.gov/WIPortal/content/html/news/pdf/TRWS_Guidance.pdf.spage</p>
43	How should remote supports be coded in encounter?	<p>For services also covered by ForwardHealth, MCOs should follow the direction provided in recent and upcoming ForwardHealth updates regarding temporary telehealth flexibility.</p> <p>Waiver services that are provided remotely in accordance with this policy should be coded using the appropriate procedure code, modifiers and place of service. In addition, MCOs should include modifier 95 so that DHS can track these codes.</p> <p>The POS code 02 should only be used for services provided in accordance with ForwardHealth Provider topic 510.</p>
SIGNATURE REQUIREMENTS		
10	Will DHS allow flexibility in getting signatures on ISPs/MCPs?	Please refer to the MCO COVID-19 guidance document

Number	Question	Answer
11	How will signatures on enrollment and disenrollment forms be handled?	Please see Considerations for Resuming In-Person Aging and Disability Resource Center and County Aging Unit Services During the COVID-19 Pandemic at the link below. https://www.dhs.wisconsin.gov/publications/p02009-21-02.pdf
APPEALS, GRIEVANCES, AND NOTICES OF ADVERSE ACTIONS		
19	If a service cannot be provided to a member because he/she is COVID-19 positive or symptomatic, is an NOA required?	DHS expects the member's needs are met through services and medical care. If the member does not agree with the alternate plan of care, then an NOA should be issued.
STAFF AND MEMBER COVID-19 INFECTIONS		
22	What if a member tests positive for COVID-19?	For members that have a confirmed infection, it should be reported as an immediate reportable. DHS will be looking at cases individually with regard to follow-up for the immediate reportable process. This process will continue to be monitored and may change depending on the number of members that test positively. Reporting on the Incident Management System (IMS) is only required if it meets the criteria of IMS reporting.
64	What are the expectations for MCOs to notify providers that a member has active COVID – 19 (i.e. should we disclose PHI for members who have been exposed, have pending test results or have confirmed COVID -19)?	MCOs should notify providers if they are serving a member who is COVID positive and ensure the provider takes extra precautions and has the resources to work with the member safely. In addition, MCOs should take the same precautions if a member's test is pending.
65	Is there a recommended communication chain/action to convene parties that a LTC agency (MCO, DHS, DQA) should take when they become the first to know about a confirmed COVID-19 case by a HCBS Provider?	These should be reported to the agency's local public health department. In addition, MCOs should continue reporting COVID cases to the DHS member care quality specialist as directed.
PROVIDER NETWORK AND SERVICE AUTHORIZATIONS		
45	Can MCOs pay for emergent services?	MCOs have the ability to approve emergent needs right away. Members should contact their care teams with requests.
53	Can members get prescriptions delivered?	Current policy allows pharmacies to provide home delivery or mailing of prescriptions, which is reiterated in the pharmacy

Number	Question	Answer
		update: https://www.forwardhealth.wi.gov/kw/pdf/2020-11.pdf (see p. 2).
54	We have providers with staffing issues and lack of PPE, where can we direct them?	Refer providers to the resource links below. DHS will send MCOs more information and resources that you can share as they become available. https://www.dhs.wisconsin.gov/lh-depts/counties.htm https://www.dhs.wisconsin.gov Local emergency management https://dma.wi.gov/DMA/wem/response/county-directors
66	Would extending the time period allowed for respite services be an 1135 issue?	This is not an 1135 issue. There are no timelines on respite for licensed facilities. Certified adult family homes can have extended respite timelines as needed during this emergency.
MCO ADMINISTRATION AND CONTRACT COMPLIANCE		
25	Will DHS allow flexibility in obtaining signatures for release of information (ROI) (for example between members and MCOs and ombudsman)	During this time, MCOs may utilize verbal consent for release of information. The MCO will review the member's rights and understanding of release of information with the member with a witness and document this information within the member record. Verbal consent must be documented within case notes until a physical ROI signature can be obtained. DHS sees this as best practice through the emergency. Ombudsman and MCOs should discuss and develop a process that allows individuals to get ombudsman services quickly.
29	The review of approved restrictive measures, and reporting around the application of restrictive measures may be delayed if there are significant staff shortages due to the emergency and/or the availability of provider agency staff to participate in the review processes. Would DHS consider extending the restrictive measure deadline beyond 365 days?	Restrictive measures should resume as required in MCO contract.
30	Can MCOs suspend internal file reviews if staff resources	Internal file reviews should be resumed.

Number	Question	Answer
	are needed to support other functions (including inquiries and updates from provider agencies) during a period of crisis?	
33	Are MCOs able to relax the requirements for a caregiver background check and begin paying for services prior to getting back the results?	No. DHS is requiring all workers to have an approved background check before providing services.
PHONE AND INTERNET SERVICE		
37	**CHANGED** Are resources available to get members telephone service?	The Lifeline program offers discounts on phone service, including no-cost cell phone plans. PSC administers the program in Wisconsin. Information about Lifeline is available at: https://psc.wi.gov/Pages/Programs/LifeLineLinkup.aspx .
55	Where can I find resources for free or reduced cost internet or phone service during the public health emergency?	The Wisconsin Public Service Commission (PSC) maintains a list of internet resources. This information may be found on the PSC website: https://psc.wi.gov/Pages/Programs/BroadbandEmergencyInternetResources.aspx
56	A participant/member I work with had a Lifeline phone at one time, but it's been lost/stolen/damaged. How do I report this and get a new phone?	The federal rules require the providers of the "free phone" (prepaid, wireless Lifeline) to de-enroll a customer if they have not used their phone for 30 days or more. Contact the Commission's Consumer Affairs line. They can check on enrollment and contact the carrier on the member's behalf. The Commission Consumer Affairs phone number is (800) 225-7729 or (608) 266-2001. The line is open Monday through Friday, from 7:45 a.m. and 4:30 p.m. The Consumer Affairs team will call an interpreter if a customer needs assistance in a different language.
57	**CHANGED** How many free minutes a month should Lifeline customers receive?	As of December 2019, Lifeline phone carriers were required to provide a minimum of 1000 free minutes per month to Lifeline customers.
58	**CHANGED** What resources are available if an individual runs out of minutes and is not able to purchase additional minutes?	PSC is working on resources for Lifeline customers. MCOs should monitor this link for new information: https://psc.wi.gov/Pages/Programs/BroadbandEmergencyInternetResources.aspx
RESIDENTIAL SETTINGS		

Number	Question	Answer
50	Do we need to complete assessments and functional screens in residential settings (including nursing homes)?	Please refer to the MCO COVID-19 guidance document
51	During the emergency, do we need to complete member-centered plans for people in residential settings (including nursing homes)?	Please refer to the MCO COVID-19 guidance document
59	How will nursing home Medicaid rates and level of care work during this emergency?	<p>Interim nursing home rates for all facilities who had not yet received a draft nursing home rate were set and will appear on the April update of the nursing home rate spreadsheet, which is now available on https://orbs.fdasllc.com/</p> <ul style="list-style-type: none"> a. If a facility is not listed on the spreadsheet, the facility has received a draft rate but has not yet approved it. b. MCOs are expected to process retroactive adjustments according to the timelines outlined in the DHS-MCO contract. <p>FFS Medicaid is automatically granting nursing home level of care requests for the duration of the emergency. Any member that is admitted by a nursing home will be presumed to have a nursing home level of care for FFS Medicaid payment purposes. Nursing home levels of care will also not be subject to expiration for lack of a qualifying MDS assessment during this time.</p> <p>ForwardHealth Updates pertaining to COVID-19 are located at: https://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources.html.spage</p>
39	What is the status of certification of additional 1-2 bed AFHs in light of recent coronavirus developments?	Return to normal practice and contract requirements.
68	What should we do if facilities refuse to take members who have been diagnosed with COVID 19 (i.e. refusing hospital discharges)?	If the facility is refusing to take a member back and the MCO has exhausted all internal resources, the MCO should report the incident to a DHS member care quality specialist who will work with the facility, public health, and DQA to try and resolve.
70	What are the requirements for facilities to report active COVID 19 for residents and/or staff? Who are they reporting this information to (i.e. DHS, MCOs, Local Public Health)?	<p>The provider should be reporting COVID positive members directly to their public health agency.</p> <p>Refer to FAQ 22 for immediate reportable requirements.</p>

Number	Question	Answer
71	What are the expectations for provider quality oversight for facilities with confirmed cases of COVID 19? Facilities are requesting to not receive multiple calls per week to check on members	Please refer to the MCO COVID-19 guidance document .
PACE-RELATED QUESTIONS		
41	Has DHS conferred with CMS for PACE regulatory requirements?	DHS recommends PACE organizations get guidance directly from CMS.
GENERAL QUESTIONS		
72	Are there specific steps or criteria for providers to access the Wisconsin Emergency Assistance Volunteer Registry (WEAVR)?	If local providers need volunteers, they should contact the local health department. Designated staff at local health departments have WEAVR administrative rights for volunteers within the county. If the need exceeds what local health departments can source, the request needs to be escalated with the State Emergency Operations Center (SEOC) via the county emergency management department. They will create a resource request and then a WEAVR request can be made to a larger geographical area with a larger volunteer pool at the State level based on need and skill set. The original requestor will be responsible for managing volunteers.
76	**CHANGED** Where can MCOs find information and guidance regarding the COVID-19 vaccine?	MCOs can find information at the DHS COVID-19: Vaccine webpage. This webpage includes COVID-19 vaccination data and information on vaccine eligibility. MCOs should also review available information about the COVID-19 vaccine from their local and tribal health departments.

Items Removed in Full:

- Item #8 – If a dedicated screener completes a telephonic LTCFS with a member in March, can that count as the member’s monthly contact? Can that count as a member’s quarterly F2F if also due in March? Can that count as the annual requirement to visit a member in his/her own home?
- Item #12 – Day providers and others are starting to close. Do MCOs need to issue an NOA?
- Item #13 – Is an NOA needed if the MCO reduces services temporarily?
- Item #14 – Can we lessen DHS notice requirements? For example, extend timelines around issuing Notice of Adverse Decision letters in situations where a new request for non-critical services or items is delayed or denied?
- Item #15 – Appeal and grievance timelines may be difficult to meet; particularly if in-person meetings are common practice (or the member prefers a face-to face meeting) and/or the individual filing the appeal does not have equipment/internet access to support participation via telephone or video conference. Due to the need to limit member exposure, can the requirement for a member to present their information at an appeal hearing in person be waived? Meaning, can we automatically assume that the member can participate via phone or video?
- Item #16 – There may be delays in decision-making or the actual delivery of non-critical services/supports, depending on the availability of information needed for decision-making or the availability of services or support. This is particularly true if there are staff or product shortages.
- Item #17 – Will delays in the ability to obtain supplies or equipment require a Notice of Adverse Decision informing a member of appeal rights?
- Item #18 – If a member refuses to allow a service provider to enter his/her home due to COVID-19 fear/concern and thus terminates the service, is an NOA required?
- Item #20 – If a member requests a non-critical service, can the team delay the decision beyond the 28 day limit (this would normally trigger a denial notice)?
- Item #21 - What if a staff person at an MCO tests positive for COVID-19?
- Item #23 – Will DHS extend the deadline for documentation specific to efforts to comply with 2020 updates to the DHS-MCO contract including policy and procedure updates?
- Item #24 – Can MCOs have additional time to fully comply with contract changes for 2020 contract requirements?
- Item #26 – Is DHS planning any changes to the immediate reportable or incident management reporting requirements?
- Item #27 – During the emergency, can functions that typically require the social services coordinator and the registered nurse be completed by a single member of the team?
- Item #28 – Will DHS allow a delay in the annual review of provider licensure and certification standards in the event the MCO or providers do not have sufficient resources to seek and provide evidence the provider continues to meet required standards?
- Item #31 – Will DHS delay the due date for the flu and pneumonia immunization indicators?
- Item #32 – Will DHS adjust the timelines for MCO Performance Improvement Projects (PIPs)?

- Item #34 - Does DHS have a plan to support day work providers in the midst of reduced funding due to either consumer or provider choice of temporarily suspending services?
- Item #35 - Will DHS allow retainer payments for members who are at risk of losing SDS staff due to interruption in service provision?
- Item #36 – MCOs may need to temporarily have an individual member stay/receive services from a facility/provider that is not ordinarily licensed to provide that service or support. Further, MCOs may be in a situation where services needed to maintain the health and safety of a member are not in the Family Care benefit package. Will DHS consider reimbursing MCOs for extraordinary expenses?
- Item #38 – What if someone needs to be discharged to the community and there are no providers to take them?
- Item #40 – We are working on decreasing/eliminating PACE day center attendance during this time. Do we need to send NOAs?
- Item #44 – Has DHS given any specific guidance about getting verbal signatures on Behavior Support Plans?
- Item #46 – Would DHS consider waiving the six-month report requirement for prevocational services during the emergency period?
- Item #47 – Will DHS suspend EQRO and financial audits?
- Item #48 – Will the implementation of Electronic Visit Verification be delayed?
- Item #49 – Suspension of Chapter 50 Nursing Home Closures
- Item #52 – Can MCOs place a member in a facility that has a current enforcement?
- Item #67 – Will Pay for Performance (P4P) be suspended for 2020?
- Item #69 – Are there any local, regional, or statewide plans for COVID step down units or designated locations that persons with positive COVID could be temporarily placed following a hospitalization to avoid introducing the virus to facilities that may normally accept member’s post discharge and keep facilities free from transmission as much as possible?
- Item #73 - How can I get information on unemployment assistance?

For more information regarding COVID-19, use the following link.

<https://www.dhs.wisconsin.gov/disease/coronavirus.htm>.

Additional resources for MCOs:

Category	Phone #, Email, or Website
FAQs from the general public	Call 2-1-1; text COVID 19 to 211-211; www.211Wisconsin.org and/or www.dhs.wisconsin.gov/covid-19/index.htm
To report non-compliant social distancing, contact local police.	Call local police department or 2-1-1
Communicable disease questions (e.g., clinical, testing, case follow-up and contact tracing, etc.)	DHSDPHBCD@dhs.wisconsin.gov

Category	Phone #, Email, or Website
Workplace safety concerns, essential business questions, PPE procurement questions	DHSPHPQuestions@dhs.wisconsin.gov
General questions/requests from local and tribal HDs	DHSLTHDResponse@dhs.wisconsin.gov
Questions from or about nursing homes and assisted living facilities not related to an outbreak investigation or BCD guidance	DHSDQAOUTBRK@dhs.wisconsin.gov
Medicaid questions related to the outbreak	DHSDMSCOVID19@dhs.wisconsin.gov
Resource offers (PPE, equipment, etc.) from vendors	DMAOPS3@wisconsin.gov
Local public health department contact list	https://www.dhs.wisconsin.gov/lh-depts/contacts/local-health-department-listing.pdf