



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?	<p>In response to COVID-19, DHS is extending the current certification periods for all members through 11/30/20.</p> <p>This means no member will be involuntarily disenrolled / lose Medicaid eligibility during this time for any reason, including being over assets.</p> <p>Renewals should be completed based on the table below.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Renewals</th> </tr> </thead> <tbody> <tr> <td>December</td> <td>March, June, September, and December renewals</td> </tr> <tr> <td>January</td> <td>April, July, October, and January renewals</td> </tr> <tr> <td>February</td> <td>May, August, November, and February renewals</td> </tr> </tbody> </table>	Month	Renewals	December	March, June, September, and December renewals	January	April, July, October, and January renewals	February	May, August, November, and February renewals
Month	Renewals									
December	March, June, September, and December renewals									
January	April, July, October, and January renewals									
February	May, August, November, and February renewals									
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?	<p>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.</p> <p>The public health emergency has been extended until 10/21/20.</p> <p>No members should be disenrolled during this emergency except individuals who are admitted to an IMD or incarcerated.</p>								
60	**CHANGED** 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.								

Number	Question	Answer
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 screen not being completed through the public health emergency which was extended to 10/21/20. All members who had a level of care change since 3/15/20 that would result in loss of eligibility must 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 of \$1,200 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	**CHANGED** Are there MAPP (Medicaid Purchase Plan) requirements being waived?	The work requirement is suspended until further notice. https://www.dhs.wisconsin.gov/medicaid/mapp-work-requirement-covid.pdf Premiums are on hold. At this point, the earliest they would be due is 1/10/21. https://www.dhs.wisconsin.gov/medicaid/mapp-premiums-letter-covid.pdf
MEMBER CONTACT REQUIREMENTS AND TELEHEALTH		
5	**CHANGED** Will DHS relax the member contact frequency requirements?	Effective 8/1/20, in-person visits will be phased in throughout the state. Please refer to the MCO COVID-19 guidance document . In addition, when visits resume in residential facilities: <ul style="list-style-type: none"> • MCOs will work collaboratively with providers to develop a plan to move forward in these difficult times. • MCOs will consolidate staff to limit the number of staff they would send into a facility. • MCOs will make pre-visit calls to 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. • IDTs will limit time within homes and residential settings and complete as much of the assessment as possible via videoconferencing or phone beforehand.
6	**CHANGED** Will DHS relax the face-to-face visit requirements?	Effective 8/1/20, in-person visits will be phased in throughout the state. Please refer to the MCO COVID-19 guidance document . Note: MCOs are expected to adhere to the DHS/MCO-required contact frequency with members.

Number	Question	Answer
7	<p>**CHANGED**</p> <p>Are any functional screen requirements being modified during this time?</p>	<p>Effective 8/1/20, in-person visits will be phased in throughout the state. Please refer to the MCO COVID-19 guidance document.</p> <ul style="list-style-type: none"> • Functional screeners will complete as much of the screen as possible through videoconferencing to limit the amount of time physically present in or around the home. The LTCFS visit will focus primarily on review of the physical living environment. • If a screen is done virtually (not in person), the screener should continue to make a note of that in the screen <p>All other functional screen requirements remain in place. If you have any questions about this, please send your questions to the LTCFS Team Mailbox at DHSLTCFSTeam@dhs.wisconsin.gov.</p>
42	<p>**CHANGED**</p> <p>How do I document if I'm not able to complete a functional screen?</p>	<p>Functional screens should be completed as they become due. Members will not be disenrolled except as indicated in the MCO COVID-19 Guidance document.</p>
8	<p>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?</p>	<p>A dedicated screener is not part of the care team. Therefore, the screener would not count as a contact or visit. All required contacts must be done by the member's care team.</p> <p>At this time MCOs should be increasing and maintaining frequent contacts until the emergency is over.</p>
9	<p>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>	<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 need for remote waiver services is identified and denied after completing the RAD, the Notice of Action process must be completed.</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	<p>**CHANGED**</p> <p>Will DHS allow flexibility in getting signatures on ISPs/MCPs?</p>	<p>IDTs will begin getting signatures on ISPs/MCPs as they begin seeing members. See MCO COVID-19 guidance.</p>
11	How will signatures on enrollment and disenrollment forms be handled?	<p>Typically an enrollment, referral, or disenrollment form cannot be sent without a signature of the person, guardian, or power of attorney (POA).</p> <p>Due to the current need to adjust operational practices in response to the COVID-19 emergency, the following temporary alternatives to obtaining signatures in person can be used.</p> <ul style="list-style-type: none"> Enrollment and disenrollment forms can be sent, signed, and returned by mail.

Number	Question	Answer
		<ul style="list-style-type: none"> • Enrollment and disenrollment forms can sent by email. The signed forms can then be returned either by scanning the document or as a picture of the signed document attached in an email. • A person can verbally consent to enrollment or disenrollment over the telephone. This verbal consent must be noted in the client tracking system and included on the enrollment/disenrollment form. The ADRC or Tribal ADRS should continue to work on obtaining the signed consent for the record, either by mail or once in-person visits resume. <p>Note: ADRCs or Tribal ADRS may develop their own policies and procedures for verbal consent. One example would be that ADRC staff or Tribal ADRS could read a statement to the person and then formally ask for their consent. That might look something like this: “You (client name) are consenting to enroll/disenroll in the (insert program name here) through (insert MCO/ICA name here). In order to obtain verbal consent from you as the program participant, if this is correct, please acknowledge by stating ‘yes.’”</p> <ul style="list-style-type: none"> • A person can consent to enrollment or disenrollment by sending an email to the ADRC or Tribal ADRS. This email can then be attached to the enrollment/disenrollment form. The ADRC or Tribal ADRS should continue to work on obtaining the signed consent for the record, either by mail or once in-person visits resume. <p>Note: ADRCs may develop their own policies and procedures for email consent. One example would be that ADRC staff would send an email to the person that formally asks for their consent. That might look something like this: “You (client name) are consenting to enroll/disenroll in the (insert program name here) through (insert MCO/ICA name here). In order to obtain email consent from you as the program participant, if this is correct, please acknowledge by replying to this email with ‘yes’ in the body of the text.”</p>
44	Has DHS given any specific guidance about getting verbal signatures on Behavior Support Plans?	DHS is allowing verbal signatures during this emergency with the expectation that the care team will get the actual signatures when the emergency is over.

APPEALS, GRIEVANCES, AND NOTICES OF ADVERSE ACTIONS

12	Day providers and others are starting to close. Do MCOs need to issue an NOA?	DHS interprets it to be the <i>service not being available</i> if the provider closes. The MCO is not denying the service. Therefore, there is no need to issue an NOA.
13	Is an NOA needed if the MCO reduces services temporarily?	If the service is being reduced because the provider is not available, DHS interprets it to be the <i>service not being available</i> not the MCO denying the service. Therefore, there is no need for an NOA.
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?	<p>For standard service authorization decisions that deny or limit a requested service in the benefit package, the MCO must mail or hand-deliver a notice of adverse benefit determination within fourteen (14) calendar days of the request unless the MCO extends the timeframe. The MCO may extend the timeframe by up to fourteen (14) additional calendar days (for a total timeframe of twenty-eight (28) days) if the member or provider requests the extension or the MCO justifies (to DHS, upon request) a need for additional information and how the extension is in the member’s interest. If the timeframe is extended, the MCO must mail or hand-deliver a written notification of extension to the member no later than the fourteenth calendar day after the original request.</p> <p>MCOs are responsible for assuring that members are receiving the NOA within the contract-required timelines. If the member has the ability to receive the NOA electronically, that will be acceptable and the timelines specified within the DHS/MCO contract apply.</p>
15	<p>**CHANGED**</p> <p>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.</p> <p>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</p>	<p>CMS has not given guidance on Grievance and Appeals.</p> <p>In the meantime, we ask MCOs to extend timelines and postpone hearings as needed or additional guidance is developed. In addition, if a grievance or appeal can be solved internally, that would be preferable.</p> <p>A hearing can be done by phone or Skype but if a member prefers it to be in person, the hearing should be postponed.</p>

	waived? Meaning, can we automatically assume that the member can participate via phone or video?	
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.	<p>For standard service authorization decisions that deny or limit a requested service in the benefit package, the MCO must mail or hand-deliver a notice of adverse benefit determination within fourteen (14) calendar days of the request, unless the MCO extends the timeframe. The MCO may extend the timeframe by up to fourteen (14) additional calendar days (for a total timeframe of twenty-eight (28) days) if the member or provider requests the extension or the MCO justifies (to the Department, upon request) a need for additional information and how the extension is in the member's interest. If the timeframe is extended, the MCO must mail or hand-deliver a written notification of extension to the member no later than the fourteenth calendar day after the original request.</p> <p>MCOs are responsible for assuring that members are receiving the NOA within the contract required timelines. If the member has the ability to receive the NOA electronically, that will be acceptable and the timelines specified within the DHS/MCO contract apply.</p>
17	Will delays in the ability to obtain supplies or equipment require a Notice of Adverse Decision informing a member of appeal rights?	DHS interprets this to be the service <i>not being available</i> not the MCO denying the service. Therefore, there is no need for a NOA to be issued.
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?	The MCO is not denying the service. Therefore, there is no need for a NOA to be issued. However, the MCO should make all attempts possible to ensure the member has their needs met.
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.
20	If a member requests a non-critical service, can the team delay the decision beyond the 28 day limit (this would	The team would need to issue an NOA with the reason being this is a non-critical service at this time and full explanation of why. This would allow the member to appeal.

	normally trigger a denial notice)?	
STAFF AND MEMBER COVID-19 INFECTIONS		
21	What if a staff person at an MCO tests positive for COVID-19?	Notify your contract coordinator of the infection and whether it will affect your members. DHS does not need to know identifying information; just that it occurred and the MCO's plan for other staff and members.
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 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)	<p>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.</p> <p>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.</p>
26	Is DHS planning any changes to the immediate reportable or incident management reporting requirements?	<p>DHS expects no changes in the immediate reportable process. This affects member health and safety and should be a priority.</p> <p>Additionally, the Incident Management System monthly reporting will remain the same.</p>
46	**CHANGED** Would DHS consider waiving the six-month report requirement for prevocational services during the emergency period?	DHS is temporarily waiving the requirement for members who have not returned to programming. The Prevocational Services Six-Month Progress Report should be completed for members who have returned to programming. The beginning of the six-month report period starts the date a member returns.
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?	Our priority during this time is member health and safety. As long as the team is completing contract required tasks, that is fine.
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	<p>The expectation is this process continues as required. MCOs have discretion to adjust their processes, as needed.</p> <p>If a situation arises that you cannot meet this requirement, contact DHS via the prescribed process for discussion.</p>

	provider continues to meet required standards?	
29	<p>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.</p> <p>Would DHS consider extending the restrictive measure deadline beyond 365 days?</p>	<p>Our priority during this time is health and safety. Restrictive measures must continue to be used only in the manner approved. Expectations remain in place for direct support staff to document each use of the approved restrictive measure, including the duration of use.</p> <p>DHS recognizes MCOs may temporarily suspend regular review and reporting of approved restrictive measures during this time and would expect MCOs to resume these requirements once the state of emergency has ended.</p> <p>At this time, DHS is not extending the restrictive measure deadlines. We are willing to re-evaluate in the future and discuss on a member-specific basis if there is an urgent situation.</p>
30	<p>**CHANGED**</p> <p>Can MCOs suspend internal file reviews if staff resources are needed to support other functions (including inquiries and updates from provider agencies) during a period of crisis?</p>	<p>Internal file reviews should be resumed.</p>
32	<p>Will DHS adjust the timelines for MCO Performance Improvement Projects (PIPs)?</p>	<p>DHS will request this flexibility from CMS. However, there is no change in the timelines until CMS approval is received.</p>
67	<p>Will Pay for Performance (P4P) be suspended for 2020?</p>	<p>DHS is eliminating the 2020 Competitive Integrated Employment (CIE) P4P. There will be no changes to the member survey or assisted living improvement incentives. A contract amendment is being drafted.</p>
47	<p>Will DHS suspend EQRO and financial audits?</p>	<p>At this time, there is no change.</p>
48	<p>Will the implementation of Electronic Visit Verification be delayed?</p>	<p>DHS is delaying the start of training and the soft launch date (formerly September 1, 2020) for personal care services. We will announce a new timeline once it is available. While DHS has delayed the start of training and the soft launch date, the system testing schedule remains on track.</p>

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.
FINANCIAL SUPPORT		
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?	<p>Additional discussion on this topic is needed to fully understand the situations. As these situations arise, MCOs should contact DHS via the prescribed process for immediate case review and decision.</p> <p>At this time respite, supportive home care, and self-directed supports can be utilized instead of licensed settings.</p>
PHONE AND INTERNET SERVICE		
37	Are resources available to get members telephone service?	<p>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.</p> <p>Residents are directed to contact a telephone service provider to apply. The list of providers that offer lifeline service can be found at https://psc.wi.gov/Documents/USF/lifelineContacts.pdf.</p>
55	Where can I find resources for free or reduced cost internet or phone service during the public health emergency?	<p>The Wisconsin Public Service Commission (PSC) has put together Internet Resources for Wisconsin Residents during the Public Health Emergency.</p> <p>The information is found at: https://psc.wi.gov/Pages/Programs/BroadbandEmergencyInternetResources.aspx</p>
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.

		<ul style="list-style-type: none"> ○ 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. <p>The Consumer Affairs team will call an interpreter if a customer needs assistance in a different language.</p>
57	How many free minutes a month should Lifeline customers receive?	<p>As of December 2019, Lifeline phone carriers were required to provide a minimum of 1000 free minutes per month to Lifeline customers.</p> <p>If the individual does not receive 1000 minutes, send an email with the Lifeline cell carrier name to raeann.fahey@dhs.wisconsin.gov. DHS will work with PSC to reach out to those carriers on the individual's behalf.</p>
58	What resources are available if an individual runs out of minutes and is not able to purchase additional minutes?	<p>PSC is working on resources for Lifeline customers. MCOs should monitor this link for new information: https://psc.wi.gov/Pages/Programs/BroadbandEmergencyInternetResources.aspx</p> <p>DHS may also be able to connect the individual with existing programs that pay for phone bills or can provide data cards. Send an email to raeann.fahey@dhs.wisconsin.gov with the individual's name and city/town where they live and DHS will forward the information to PSC.</p>
RELOCATIONS		
38	What if someone needs to be discharged to the community and there are no providers to take them?	<p>At this time, if an individual needs to be discharged from a hospital, nursing home, or IMD, the MCO will continue to try and find placement but—knowing this may be difficult with the current situation—the facilities will need to keep individuals until placement can be found. The individual's health and safety is the priority, and an individual cannot be discharged without a place to go.</p>
49	Suspension of Chapter 50 Nursing Home Closures	<p>At this time, Chapter 50 relocations will continue as required. DHS is working with individual entities to coordinate through the emergency.</p>

RESIDENTIAL SETTINGS		
50	<p>**CHANGED**</p> <p>Do we need to complete assessments and functional screens in residential settings (including nursing homes)?</p>	<p>Effective 8/1/20 in person visits should resume in nursing homes and residential settings. Please follow MCO COVID-19 Guidance and the following protocols:</p> <ul style="list-style-type: none"> • MCOs will work collaboratively with providers to develop a plan to move forward in these difficult times. • MCOs will consolidate staff to limit the number of staff they would send into a facility. • MCOs to make a pre-visit call to 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. <p>IDTs will limit time within nursing homes and residential settings and will complete as much of the assessment as possible via videoconferencing or phone beforehand.</p>
51	<p>**CHANGED**</p> <p>During the emergency, do we need to complete member-centered plans for people in residential settings (including nursing homes)?</p>	<p>Effective 8/1/20, in-person visits should resume in nursing homes and residential settings. Assessments and member-centered plans can be reviewed over the phone as to reduce the amount of time in facilities. Signatures do need to be obtained.</p> <p>Caregivers and facilities are stressed during this emergency. Please be considerate when asking facility staff to assist. If the member is in a facility, consider reviewing the plan with collateral contacts.</p>
52	<p>Can MCOs place a member in a facility that has a current enforcement?</p>	<p>CMS issued guidance that allows MCOs to utilize these facilities. DQA will not be completing a revisit to clear them at this time.</p> <p>https://www.cms.gov/files/document/gso-20-20-all.pdf</p>
59	<p>How will nursing home Medicaid rates and level of care work during this emergency?</p>	<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> <ol style="list-style-type: none"> If a facility is not listed on the spreadsheet, the facility has received a draft rate but has not yet approved it. 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.</p>

		<p>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	<p>What is the status of certification of additional 1-2 bed AFHs in light of recent coronavirus developments?</p>	<p>New Certifications – Per the <i>Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes</i>, “No certifying agency is required to certify a home or recertify an AFH that applies for certification or renewal unless a placement in that AFH is planned.” In order to minimize risk to staff and prospective AFH sponsors, DHS encourages certifying agencies to put new certifications on hold for settings that do not have a prospective resident identified.</p> <p>The standards state that, if there is a prospective resident, “The certification study for the applicant shall, to the extent possible, be done in a timely way so that a prospective resident can be placed in the AFH when the resident needs placement. The certification study may be delayed by mutual consent of the parties or if extenuating circumstances are present and are documented by the certifying agency. The maximum delay in this instance may be no more than 60 days.” (emphasis added) Unless there are health and safety concerns for the prospective resident, the certifying agency is encouraged to delay the certification per the standards.</p> <p>If the certifying agency determines that it is in the best interest of the prospective resident to proceed with the certification, DHS is allowing flexibility to certifying agencies to postpone the on-site inspection until the current COVID-19 emergency is ended. In lieu of the on-site inspection, all required documentation must be submitted to and reviewed by the certifying agency, all background checks must be completed, and the certifying agency must interview the applicant by phone. The certifying agency should demonstrate due diligence to ensure that the applicant has not raised any concerns with others in the certifying agency (excessive incidents, prior certification issues). Once the current COVID-19 emergency is ended, an on-site inspection shall be conducted.</p> <p>Annual Recertification – The standards require annual recertification. While the review of documentation is required annually, an on-site inspection is only required every three years. Unless the certifying agency has concerns regarding the provider, DHS is encouraging certifying agencies to collect all required documentation by mail or electronic submittal for review and to forgo the on-site inspection. Again, the certifying agency should demonstrate due diligence to ensure that the</p>

		<p>applicant has not raised any concerns with others in the certifying agency (excessive incidents, prior certification issues).</p> <p>Note that recertification is at the option of the certifying agency, if the AFH does not have a current resident that is served by the certifying agency.</p>
68	<p>What should we do if facilities refuse to take members who have been diagnosed with COVID 19 (i.e. refusing hospital discharges)?</p>	<p>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.</p>
69	<p>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?</p>	<p>The state has set up isolation facilities but these facilities are for individuals who do not have long term care needs. DHS recommends MCOs work with the providers to return members to their homes. If needed, DHS will assist MCOS in working with providers to do that safely.</p>
70	<p>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>	<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>
71	<p>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</p>	<p>DHS is not requiring increased oversight for individuals in skilled nursing facilities or assisted living. DHS does not want facilities to be burdened by phone calls. MCOs should coordinate within your agencies to streamline communication with facilities such as having one care team contact a facility for all MCO members living there.</p>

PACE-RELATED QUESTIONS		
40	We are working on decreasing/eliminating PACE day center attendance during this time. Do we need to send NOAs?	DHS interprets it to be the <i>service not being available</i> . The MCO is not denying the service. Therefore, there is no need to issue an NOA.
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.
73	How can I get information on unemployment assistance?	The Wisconsin Department of Workforce Development is accepting applications for Regular Unemployment Insurance and Pandemic Unemployment Assistance. For more information: https://dwd.wisconsin.gov/ui/ .

Items Removed in Full:

- 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 #31 – Will DHS delay the due date for the flu and pneumonia immunization indicators?
- 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?

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 https://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
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