



IRIS COVID-19 Frequently Asked Questions

Note: Any exceptions to IRIS policy and practice will only be allowed during the Wisconsin COVID-19 Public Health Emergency. For more information regarding COVID-19, use the following link:

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

This information is published in accordance with: WI 1135 Request; 1915(c) Appendix K WI.0484.R02.04; 42 CFR 431; 42 CFR §441.302; Wis Stat § 252; Wis Stat § 49.45(61); Wis Admin Code DHS Ch 145; Wis Admin Code DHS Ch 10

Number	Question/Topic	Answer
General		
1	Notification of DHS regarding infected Participants and/or Contractor Staff	Contractors should notify DHS (Kathryn.Kelnhofer@dhs.wisconsin.gov) of any instances of participants infected with the coronavirus (per medical testing) or advised to self-quarantine by a medical professional. Contractors are expected to use their work email addresses and complete and upload a critical incident report (CIR) in SharePoint. Contractors should also notify DHS of instances of staff infected with the coronavirus. DHS does not need to know the staff member's name. The contractor will need to send the mitigation strategy the contractor will implement if the staff member is an IRIS consultant that ensures proper contact and availability to participants.
2	**UPDATED** Face-to-Face Contacts	All required in-person contacts may be replaced by virtual or phone contacts that will not jeopardize the health and safety of the participant. This includes, but is not limited to: routine in-person contacts, assessments, and routine Long-Term Care Functional Screens (LTCFS). ICAs should use their best judgment when determining contact method and prioritize virtual contacts over phone contacts when possible. In-person contacts that are substituted with phone contacts must be documented in WISITS case notes. For further details, refer to the Contact Standards Memo .
3	Signature Requirements for Program Documents	If obtaining a signature on a program document (including behavior support plans) is required but is not practical and delays timeliness, contractors may substitute a signed document with: <ul style="list-style-type: none"> • Verbal consent followed by receipt of signed document or electronic signature on document, or • Picture of signed document with date sent by email. Other methods may be acceptable if approved by DHS. Instances of substitutions must be documented in WISITS case notes.

Number	Question/Topic	Answer
		<p>Note: New participants should be given the Participant Education Manual but they do not need to sign immediately. A verbal acknowledgement is acceptable. Signatures are not needed on new plans or onboarding; however, participants should be provided with copies of these documents immediately. ICs should obtain signatures after the emergency is lifted.</p>
Eligibility & Enrollment		
4	Medicaid Certifications/Renewals	<p>DHS is extending the current Medicaid certification periods for all members in response to COVID-19 by three months (in line with eligibility and enrollment flexibilities documented in the COVID-19 FAQ document CMS published last week). For the cases that expired prior to 3/1/20, ICAs should assist participants to reestablish their Medicaid eligibility in the 90-day renewal period. ICAs should take all measures to avoid disenrollment during this emergency.</p>
5	IRIS Enrollment: Referrals and Transfers	<p>DHS expects ICAs to continue to take referrals and transfers and enroll eligible individuals in IRIS.</p> <p>FEA Transfers: DHS is extending the deadline to 30 days for the sending FEA and the receiving FEA to exchange the necessary documents in facilitating the requested transfer.</p>
29	<p>**NEW**</p> <p>IRIS Enrollment: Involuntary Disenrollments</p>	<p>DHS has directed ICAs to hold all involuntary (program-requested) disenrollments after 3/1/20.</p> <p>All voluntary (participant-requested) disenrollments should continue according to current process. This includes moves out of state.</p>
Long-Term Care Functional Screen (LTCFS)		
6	LTCFS	<p>The Adult Long-Term Care Functional Screen typically requires a face-to-face visit between the screener and the person being screened initially at application and at least annually after that. In addition, screeners gather information from health providers, caregivers, and others to supplement what is gathered during the visit.</p> <p>These requirements have been changed until further notice. These changes affect initial screens performed by ADRCs, as well as ongoing screens or change-in-condition screens performed by MCOs and ICAs. It will not be necessary to request a waiver of the face-to-face requirement until further notice. The lack of a face-to-face screening visit will not delay the person's eligibility for a long-term care program.</p> <p>DHS has adjusted screening processes to help protect the health of screeners and participants as follows:</p>

Number	Question/Topic	Answer
		<ul style="list-style-type: none"> • Screeners can choose to complete screens over the phone with individuals/guardians or by utilizing other available distance technology such as video conferencing, without first requesting a waiver. • Information for verifying diagnoses and other information needed to complete the screen may be gathered from collateral contacts using telephone, fax, email, ground mail, video conference, and any other effective means that may not require face-to-face interaction. • Screen liaisons must track on a separate document the first name, last name, and date of birth of every person screened who has not had a face-to-face meeting, including the date on which a virtual meeting was held instead. In addition, screen liaisons for ADRCs and Tribal ADRS should also track this in the client tracking database. • For every screen performed without a face-to-face meeting, the screener should include a note in the Screen Information Notes box of the online functional screen describing the method by which the information for the screen was gathered. • Any screens identifying a significant increase in support needs will require a face-to-face rescreen following the conclusion of the emergency. <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>
7	Required Documentation if Unable to Complete LTCFS	<p>On March 13, 2020, DHS informed functional screen liaisons that the face-to-face requirement for completion of functional screens would immediately be relaxed, and screeners could perform functional screen activities remotely over the phone or by other technology.</p> <p>If a regular functional screen will not be completed by the date that it is due, screeners should make an explanatory note in the Screen Information Notes box in the functional screen. If a member or participant has a change in condition that affects the person's services, and a functional rescreen cannot be performed effectively during the health emergency, the specifics of the change should also be noted in the Screen Information Notes box. Agencies should contact their program oversight staff with questions about assuring health and safety and necessary services of members and participants.</p>
8	LTCFS Screener Certification	<p>The 2020 Continuing Skills Test (CST) has been suspended and will not be held in May 2020. At this point, the plan is to hold the CST as designed during a month to be determined in 2021.</p>

Number	Question/Topic	Answer
Individualized Support & Service Plan (ISSP)		
9	ISSP Extension	<p>DHS is allowing 90-day service plan extensions for all participants with an expiring ISSP.</p> <p>Current practice is that each plan is slated to end at the year mark, pending annual reviews and signatures. With this extension, ICAs will need to copy over the current ISSP information into a new plan year and adjust the authorizations to 90 days.</p>
10	**CHANGED** Backdating Service Authorizations	<p>Service authorizations may be backdated after receiving DHS approval. ICAs should email approval requests to DHSIRISQuality@dhs.wisconsin.gov with a subject line of "Backdated Authorization Request."</p> <p>All backdating requests related to telehealth services should follow the backdating guidance provided in the FAQ and will be handled on a case-by-case basis. These requests must include the service and an explanation as to why the service was provided before the DHS guidance was published. Telehealth services can be backdated to no earlier than the Forward Health update issued on 3/12/20.</p>
Services		
11	**UPDATED** Telehealth	<p>Refer to the Forward Health Updates linked here for information 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>HCBS waiver services may be provided according to the published ForwardHealth guidance. DHS will allow telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for currently covered services that can be delivered with functional equivalency to the face-to-face service.</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> <p>If a participant has a request for remote supports, they should contact their IRIS consultant. The consultant will discuss the need and determine if this is a support that will meet the participant's long term care needs. The discussion should be documented in</p>

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		<p>WISITS, and should include exploring the reasons for the request and if necessary, modifying the plan to meet that need.</p> <ul style="list-style-type: none"> • For example, if a participant needs to see a counselor through telehealth and the participant needs a piece of technology in order to accomplish this, then the participant should make contact with their consultant. Part of the discussion would include exploring what types of technology are already available in the household. Could this communication be accomplished through the use of a phone, tablet, or computer in the home the participant can use? If not, then exploring how the participant can access the technology, which should include identifying the most cost-effective solution. • The technology would need to be used to meet a participants’ health and safety or long term care need. • If the decision is to not approve the technology requested, the ICA would send the participant an NOA and the participant could appeal the decision. • For services also covered by ForwardHealth, ICAs should follow the direction provided in ForwardHealth updates regarding temporary telehealth flexibility. <p>For further details, please refer to the Temporary Remote Waiver Services Guidance.</p>
12	Day Service	Day service providers are now allowed to provide day services in participant’s homes. DHS is also working on guidance for remote services.
13	Accessibility Assessments	Follow current accessibility assessment policy. DHS acknowledges that delays for assessments may be encountered at this time.
14	Unused Transportation Pass Purchases	Follow current transportation policy.
28	Boarding Expense for Service Animals	If no other options are available, DHS will cover the boarding expense for a service animal while a participant is hospitalized. ICAs encountering this scenario should contact the DHS IRIS Quality team for additional support and guidance. This support is specific to service dogs that have been trained. All efforts to identify alternative supports should be included in the participant’s case notes.
Service Providers		
15	Annual Reviews of Provider Licensure & Certification Standards	The expectation is this process continues as required. Contractors have discretion to adjust their processes, as needed.

Number	Question/Topic	Answer
		<p>If a situation arises that you cannot meet this requirement, contact DHS.</p>
16	1-2 Bed Adult Family Home Certifications	<p>Regarding new certifications – per the Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes, “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 backgrounds 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>Regarding 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 applicant has not raised any concerns with others in the certifying agency (excessive incidents, prior certification issues).</p>

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		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.
17	Participant Hired Worker Four-Year Caregiver & Criminal History Background Requirement	DHS is issuing flexibility around the requirement of four year background checks for PHWs. They may be postponed for 90 days.
18	**CHANGED** Participant Hired Worker Overtime Payments	<p>Overtime payments should be made to any PHW that is not exempt from overtime, regardless of current overtime authorization.</p> <p>Overtime should be discussed with the consultant and every effort should be made to limit or avoid overtime hours.</p> <p>Whenever possible, these hours should be distributed between all available workers to allow for the most cost effective means of support.</p> <p>Retroactive budget amendments are not necessary for COVID "Safer at Home" related unit increases. However, increases in unit cost must go through the budget amendment process. There are no exceptions.</p> <p>Overtime may not be expensed for Self-Directed Personal Care (SDPC).</p>
19	40-Hour Health and Safety Exception Requests	The 40-hour rule is on hold until further notice.
30	**NEW** Participant Hired Worker Timesheets	<p>FEAs may elect to receive timesheets telephonically, electronically, or by other virtual means.</p> <p>If a participant is unable to sign a PHW timesheet due to a hospitalization, FEAs may accept unsigned timesheets at the request of the participant.</p> <p>However, all signed documents must follow at a later date by mail. FEAs are also expected to document and track all timesheets accepted outside of the standard processes.</p>
Appeals, Grievances, and Notices of Adverse Actions		
20	Appeals and Grievances	Continue current practice.
21	Notice of Action (NOA) Requirements	For standard service authorization decisions that deny or limit a requested service in the benefit package, the ICA must mail or hand-deliver a notice of adverse benefit determination within fourteen (14) calendar days of the request unless the ICA extends the timeframe. The ICA may extend the timeframe by up to fourteen (14) additional calendar days (for a total timeframe of twenty-eight (28) days) if the participant or provider requests the extension or the ICA justifies (to the Department, upon request) a need for additional information and how the extension is in the

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		<p>participant’s interest. If the timeframe is extended, the ICA 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>ICAs 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 but a paper copy must follow.</p>
22	Notice of Action (NOA)	<p>Prior to 3/1/20: Extend “continuation of services” period by 90 days to allow uninterrupted provision of services.</p> <p>COVID-19 Related, After 3/1/20: NOAs should not be issued for any residential service or service deemed essential during this time.</p> <p>Non-COVID-19 Related, After 3/1/20: NOAs should be issued for a denied Budget Amendment or One Time Expense, but ICAs should not reduce services.</p>
23	Notices of Action for Temporarily Unavailable Services	Follow current NOA policy. Service is not being denied, so there is no need to issue a NOA.
Administration		
24	Critical Incident Reporting & High Profile Incidents	<p>DHS expects no changes in the high profile incidents reporting process. This affects participant health and safety and should be a priority. Additionally, the critical incident reporting will remain the same.</p> <p>COVID-19 Related Critical Incident Reporting: Incidents related to COVID-19 should continue to be reported using the established reporting guidelines. Reportable incidents directly related to COVID-19 include:</p> <ul style="list-style-type: none"> • Any deaths that occur • Any medical attention received (medical appointment or Emergency Department visit) • Any hospitalizations • Any confirmed positive cases • Any doctor-ordered or recommended quarantine
25	Restrictive Measures	<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>At this time, DHS is not extending the restrictive measure deadlines. DHS is willing to re-evaluate in the future and discuss on a participant-specific basis if there is an urgent situation.</p>

Number	Question/Topic	Answer
26	Letters Authorizing Travel During Emergency	Per Governor Evers, a letter authorizing travel is NOT presently needed. Note: Counties may vary in their orders.
Other		
27	Participant Telephone Service Options	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 .

Additional resources for ICAs:

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