COVID-19 IRIS Consultant Agency Guidance

The Wisconsin Department of Health Services (DHS) continues to place high priority on protecting the health and well-being of IRIS participants while continuing to ensure participant-centered care planning. To help ensure health and safety for all during the COVID-19 pandemic, a unified, consistent set of COVID guidelines has been developed for all IRIS consultant agencies (ICAs). The phased plan below will maintain flexibility to ensure that individuals and families continue to be supported. All ICAs have a responsibility to adhere to the guidelines outlined in the plan with the goal of mitigating potential for transmission of COVID-19. This cooperative effort will establish and maintain the health and safety of participants. Where other guidance is referenced, it is hyperlinked.

Note: DHS is currently operating in Phase 4.

Phase Number	Date Implemented
Phase 1	March 2020 – Mid-June 2020
Phase 2	Mid June 2020 – Mid-July 2020
Phase 3	Mid-July 2020 – May 15, 2021
Phase 4	May 16, 2021 – January 9, 2022
Phase 3.A	January 10, 2022 – February 28, 2022
Phase 4	March 1, 2022 – TBD

Phase 1
March – Mid-June 2020

Contacts and Visits	Authorizations and Plans
• ICAs shall follow guidance and flexibilities outlined in the IRIS COVID-19 FAQ: • Required in-person quarterly IRIS Consultant (IC) visits may be conducted through phone or virtual formats (Skype, FaceTime, etc.) • Annual LTCFS and change-in-condition screens may be conducted through phone or virtual (Skype, FaceTime, etc.)	• Telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication are allowable for services that can be delivered with functional equivalency. See IRIS Temporary Remote Waiver Services Guidance. • Documentation of verbal consent is temporarily allowable for IRIS documents requiring signatures. This does not include participant-hired worker (PHW) documents.

• ICAs shall make weekly contact, at a minimum, to high-risk participants - IRIS Contact Standards during the COVID19 Emergency Memo. Weekly contacts may occur through phone, virtual formats (Skype, FaceTime, etc.), email, or text.
• ICAs shall use their professional judgment when determining if an in-person visit may be replaced with a phone or virtual contact. In-person contacts that are substituted with phone contacts must be documented in the participant record with the reason for the substitution.
• Each ICA will develop an internal process for prioritizing who is most in need of in-person visits in community and residential facilities.
	• Authorization flexibility is allowable in accordance with the IRIS COVID-19 ISSP Authorization Memo:
	  ○ Existing budget amendment (BA) funds may be reallocated to address COVID-19 related service needs.
	  ○ Temporary COVID-19 related in-home services may be authorized without submitting a BA request if services are needed to ensure health and safety during the COVID emergency.
	  ○ Authorization flexibility may not be used to address provider requests for increased rates, hazard pay, or retainer payment fees not currently allowable in IRIS.
	  ○ ICAs submit weekly COVID-19 tracking spreadsheets to DHS.
	• Unplanned overtime (OT) will be paid by the FEAs.
	• IRIS Consultants (ICs) will add OT authorizations if the change is likely to be long-term (more than 3 months).
	• All COVID-19 related plan changes are documented in WISITS using the "COVID-19 Related" note type.

Phase 2 **Mid-June – Mid-July 2020**	
Contacts and Visits	Authorizations and Plans
• In preparation for home visits, ICAs shall make bi-weekly contacts with all participants. NOTE: Contacts may occur more frequently as needed. • ICAs shall obtain personal protective equipment (PPE) for ICA staff. • ICAs shall plan for and make adjustments or accommodations, as applicable, from phone and virtual visits to in-person visits. • ICAs shall conduct education with ICA staff regarding safe in-person visits. • DHS WISITS Team will add "video" as a communication type choice in WISITS.	• ICAs shall assess the volume of plans adjusted due to COVID-19. • ICAs shall resume implementation of 40-Hour Exception Requests and discussions around the 40-hour Health and Safety Policy and avoiding any unnecessary overtime. • ICs shall discuss strategies for returning to employment for all participants who had been working prior to COVID-19 and have not yet returned to work. • ICs shall begin discussions with participants related to safely returning to community-based services.

	• Authorization flexibility in accordance with the IRIS COVID-19 ISSP Authorization Memo will start to be phased out.
	  ○ Existing BA funds may continue to be reallocated to address temporary COVID-19 related service needs. ICAs will submit weekly COVID-19 tracking spreadsheets to DHS.
	  ○ Service changes that require additional funds must go through a BA request if existing funding is not available. DHS will review and approve these through 11/30/2020.

Phase 3 **Mid-July 2020 – May 15, 2021**	
Contacts and Visits	Authorizations and Plans

• ICAs shall start to phase in in-person quarterly and Long-Term Care Functional Screen (LTCFS) visits throughout the state.
• ICAs shall provide education to the participant and others in the household on how an in-person visit will be conducted. If the participant or their legal representative states they are uncomfortable with an in-person visit, ICAs shall offer an outdoor visit or other type of visit to see the participant. ICAs shall document in a COVID-19 case note all education provided and alternatives to a safe in-person visit that were explored. If an in-person visit will not occur, an alternative type of visit shall be conducted such as phone or virtual.
• ICs shall conduct a pre-visit assessment for participants and household. Prior to a face-to-face visit occurring, ICs shall assess if the participant or others in the household are COVID-19 positive, have COVID-19 symptoms, or have had a confirmed COVID-19 exposure. This assessment will be completed utilizing a phone screening tool. If it is determined a participant or others in the household have answered yes to any of the above, an alternative type of visit shall be conducted such as phone or virtual.
	• If service changes related to COVID-19 remain on Individual Support and Service Plans (ISSPs), ICs shall discuss transitioning temporary services.
	• ICs will continue to authorize telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, if the services are functionally equivalent. See IRIS Temporary Remote Waiver Services Guidance.
	• ICAs will continue to utilize the COVID-19 Note Type to document service changes back to community-based services.
	• Authorization flexibility continues as outlined in phase 2 above.
	  ○ Existing BA funds may continue to be reallocated to address temporary COVID-19 related service needs. ICAs submit weekly COVID-19 tracking spreadsheets to DHS.
	  ⊖ Service changes that require additional funds must go through a BA request if existing funding is not available. DHS will review and approve these through 11/30/2020.
	• Documentation of verbal consent continues to be allowable for IRIS documents requiring signatures until an in-person visit occurs. This does not include PHW documents.

• ICAs shall complete as much of the visit as possible through phone or virtually to limit the amount of time physically present in or around the home or residential setting. • To reduce the number of people in someone's home, ICs will coordinate with functional screeners and the Self Directed Personal Care (SDPC) registered nurses to determine if someone within the IRIS program has, or will be, conducting an in-person visit. These in-person visits may be used to satisfy the face-to-face expectations of each program. • Face-to-face visits should aim to be 15 minutes or less, based on CDC guidelines. The IC should maintain a distance of more than 6 feet from the participant. • Visits should be based on the participant's situation and need; therefore, a visit may extend longer than 15 minutes to ensure participant health and safety. • All parties in the participant's home should wear a mask during the face-to-face visit. If the participant is not able to wear a mask, the IC should work with the participant to accommodate their need. • ICAs shall complete contacts in accordance with the DHS-ICA contract. This includes all participants in community and residential settings. • DHS has also directed ICAs to work collaboratively with participants to develop a plan to move forward in these difficult times. • Required ongoing phone contacts will revert to monthly for all participants receiving face-to-face contact, unless there are health and safety concerns identified that warrant more frequent contacts. • Functional screeners will complete as much of the screen as possible virtually to limit the amount of time they need to be physically present in or around the participant's home. The LTCFS visit will focus primarily on review of the physical living environment.	• ICs will follow phase 3 contact and visit guidance to complete assessments, ISSPs, and functional screens that were not completed during phases 1 and 2.

• DHS has directed ICAs to make pre-visit calls to residential and nursing facilities. If the facility has a policy in place that does not permit the ICA staff to visit in person, the visit may be conducted by other means such as virtual. • DHS has also directed ICAs to work collaboratively with residential and nursing home providers to develop a plan to move forward in these difficult times. • DHS has directed ICAs to consolidate staff to limit the number of individuals they send into a facility. • For more information see the CDC guidance at this link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html	
Phase 3.A. **January 10, 2022 – February 28, 2022**	
Contacts and Visits	Authorizations and Plans
• ICAs shall start to phase in in-person quarterly and Long-Term Care Functional Screen (LTCFS) visits throughout the state. • ICAs shall provide education to the participant and others in the household on how an in-person visit will be conducted. If the participant or their legal representative states they are uncomfortable with an in-person visit, ICAs shall offer an outdoor visit or other type of visit to see the participant. ICAs shall document in a COVID-19 case note all education provided and alternatives to a safe in-person visit that were explored. If an in-person visit will not occur, an alternative type of visit shall be conducted such as phone or virtual. • ICs shall conduct a pre-visit assessment for participants and household. Prior to a face-to-face visit occurring, ICs shall assess if the participant or others in the household are COVID-19 positive, have COVID-19 symptoms, or have had a confirmed COVID-19 exposure. This assessment will be completed utilizing a phone screening tool. If it is determined a participant or others in the	• ICs will continue to authorize telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, if the services are functionally equivalent. See IRIS Temporary Remote Waiver Services Guidance. • Documentation of verbal consent continues to be allowable for IRIS documents requiring signatures until an in-person visit occurs. This does not include PHW documents.

household have answered yes to any of the above, an alternative type of visit shall be conducted such as phone or virtual.

- ICAs shall complete as much of the visit as possible through phone or virtually to limit the amount of time physically present in or around the home or residential setting.
- To reduce the number of people in someone's home, ICs will coordinate with functional screeners and the Self Directed Personal Care (SDPC) registered nurses to determine if someone within the IRIS program has, or will be, conducting an in-person visit. These in-person visits may be used to satisfy the face-to-face expectations of each program.
- Face-to-face visits should aim to be 15 minutes or less, based on CDC guidelines. The IC should maintain a distance of more than 6 feet from the participant.
- Visits should be based on the participant's situation and need; therefore, a visit may extend longer than 15 minutes to ensure participant health and safety.
- All parties in the participant's home should wear a mask during the face-to-face visit. If the participant is not able to wear a mask, the IC should work with the participant to accommodate their need.
- ICAs shall complete contacts in accordance with the DHS-ICA contract. This includes all participants in community and residential settings.
- DHS has also directed ICAs to work collaboratively with participants to develop a plan to move forward in these difficult times.
- Required ongoing phone contacts will revert to monthly for all participants receiving face-to-face contact, unless there are health and safety concerns identified that warrant more frequent contacts.
- Functional screeners will complete as much of the screen as possible virtually to limit the amount of time they need to be physically present in or around the participant's home. The LTCFS

visit will focus primarily on review of the physical living environment. • DHS has directed ICAs to make pre-visit calls to residential and nursing facilities. If the facility has a policy in place that does not permit the ICA staff to visit in person, the visit may be conducted by other means such as virtual. • DHS has also directed ICAs to work collaboratively with residential and nursing home providers to develop a plan to move forward in these difficult times. • DHS has directed ICAs to consolidate staff to limit the number of individuals they send into a facility. • For more information see the CDC guidance at this link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html	
Phase 4 **May 16, 2021 – January 9, 2022** ***Note: implemented Phase 3.A on January 10, 2022*** ***Resumed Phase 4 on March 1, 2022***	
Contacts and Visits	Authorizations and Plans
• Resume normal practice for ICAs, FEAs, SDPC, and Functional screeners. • Follow IRIS contract, policy, and work instructions. • ICAs shall complete contacts, including in-person visits, in accordance with the DHS-ICA contract. This includes all participants in community and residential settings. • All parties in the participant's home should wear a mask during the face-to-face visit. If the participant is not able to wear a mask, the IC should work with the participant to accommodate their need. • ICAs shall provide education to the participant and others in the household on how an in-person visit will be conducted.	• Resume normal practice and contract requirements. • ICs will continue to authorize telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, if the services are functionally equivalent. See IRIS Temporary Remote Waiver Services Guidance.

• DHS has directed ICAs to make pre-visit calls to residential and nursing facilities. If the facility has an active COVID outbreak and does not permit the ICA staff to visit in person, the visit should be postponed until the IC can get in and the IC must document the situation in the case notes. • Exception requests for in-person visits must go to the DHS Quality mailbox: DHSIRISQuality@dhs.wisconsin.gov to be analyzed on a case-by-case basis. Exceptions will not be granted for any ICA related issues. • For more information see the CDC guidance at this link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html	

Additional Notes

- Phases and dates are fluid and may shift forward/backward based on DHS guidance. This is a working document and DHS will review as needed.
- If an outbreak occurs in the future, DHS will consider reverting back to Phase 3 depending on the circumstances. Adjustments may be made to the phase based on circumstances. Phases that contain policy changes will be designated with a letter after the number (e.g. 3.A., 3.B., etc.).
- Refer to the following Home Visit Safety resources:
  - COVID-19: Protecting Yourself During a Home Visit
  - In-Home Visits for Social Workers
  - HCBS Use and Conservation of Personal Protective Equipment
  - HCBS How to Protect Yourself and Others
- **Document last modified 3/1/22**