MCO Guidance on COVID-19 Flexibilities on Face-to-Face Requirements

As of August 13, 2020

DMAS is granting the extension of certain Covid-19 related flexibilities on face-to-face requirements until January 31, 2021 in order to maintain adequate provider and MCO staffing availability, maximize member access to care, maintain health, safety and welfare, and minimize viral spread through community contact.

1) As a general guideline, MCOs should endeavor to utilize the level of contact presenting the least risk of Covid-19 transmission to the member, MCO staff, providers or other care team staff, that will also reasonably meet and address the member's needs, as well as their health, safety and welfare. If an MCO staff member cannot adequately resolve the member's issues and meet their needs within the initial level of contact and risk, then the level of contact should be increased as needed to do so. The MCOs should proceed with an evaluation of each member using the method they feel most adequately addresses the health, safety and welfare of their members.

2) The MCO methods to evaluate members, depending on level of engagement determined to be necessary for the member's health safety, and welfare shall include the following:
    - Face-to-face (or in-person) visits conducted in a socially distant appropriate manner and utilizing PPE as defined by the MCO internal procedures;
    - Video-conference visits; or
    - Telephonic visits when video-conferencing is not available.

    The following services, including supervisory, routine, and reassessment visits as well as health risk assessments, interdisciplinary care team meetings, and care planning meetings, would be triaged to use the appropriate MCO determined level of contact as referenced in paragraphs 1&2:

    - Annual level of care evaluations (LOCERIs) for the CCC Plus Waiver
    - Members who are newly enrolled in the CCC Plus waiver or a particular waiver service, (this does not apply to transfers)
    - Evaluation for requested environmental modifications
    - Any other evaluation or situation not meeting the criteria outlined in paragraph 3 below

3) There are instances in which the health, safety or welfare of the member may necessitate a direct in-person evaluation of health status and/or physical environment. This evaluation may be accomplished, if available, through:
    - A physician's, nurse practitioner, physician's assistant or other provider office appointment, either in-person or through a videoconference/telehealth visit;
    - A face-to-face visit by a:
        i. Home health care nurse;
        ii. HCBS services facilitator;
        iii. Physician, nurse practitioner, physician's assistant or other provider
        iv. MCO care manager, contractor, or another provider; or
    - A combination of these (and other services/providers) as applicable.

    Please note that we recognize the MCO cannot mandate that the member go to a physician's or provider's office or that the provider go into the home. If these situations arise and there is an identified need for the member to be seen, yet no one is willing or able to go into the home, the MCO shall discuss that case with DMAS.

    Examples of these situations shall include but not be limited to:

- An ER visit or hospitalization resulting in a change in health status such that the member is at significant risk of deterioration, recurrent ER visits or readmission to the hospital.
- SMI members who have recently accessed behavioral health crisis services or experienced a hospital admission and are at significant risk of decompensation, recurrent ER visits or hospital readmission.
- An active abuse, neglect, or exploitation allegation within the last year, where the situation has not been stabilized and/or the member is perceived to be at significant risk or expresses that they feel at significant risk.
- Decreases in personal care hours or denial of increases in personal care hours representing a change of 20% or more of the current level. Please note that an administrative denial due to lack of documentation from a provider does not trigger a face-to-face visit; however, it is recommended that in these cases of administrative denial, the MCO make additional outreach/calls and take additional actions as necessary to best evaluate the members personal care needs, and adequately address the health, safety and welfare of the member.
- Members with a significant lack of family or community support such that the member is at significant risk of housing or food instability, falls, injuries, ER visits or hospitalizations.
- Any other situation or illness where the member is at significant risk for their health, safety, or welfare or deterioration of physical or mental health status, recurrent ER visits or readmissions.
- Any other situation where the member's situation and/or health status cannot be adequately assessed, resolved or stabilized by use of telephonic or video-conference contact and assessments.

4) The MCO staff member shall also ensure adequate resources are in place to address the member's needs as well as any health, safety or welfare concerns. For any questions regarding the most appropriate level of member contact and assessment, it is recommended the MCO care management team member directly confer with their manager and/or medical director for guidance and assistance.

5) When a face-to-face visit is not feasible, no additional documentation or justification is required by the MCO.

   It is, however, recommended that the MCO staff maintain good documentation practices, which may include, but not be limited to the following:

   a) When a face-to-face visit is recommended and attempted but the member refuses, or there are other member related barriers, this should be documented and the MCO staff member shall attempt to complete the contact or assessment via videoconference.

   b) When videoconferencing is not feasible, this should be documented in the member's record.

   c) The member's record should also reflect the actions taken by the MCO and/or other care team partner in addressing the member's needs, and health, safety or welfare concerns.

   In order to help prevent spread of Covd-19 during any face-to-face visits, member signatures can be deferred. In lieu of member signatures, where required the MCO staff may document something like "member participated in development of/ is in agreement with the above document and plan, however signature deferred due to COVID and efforts to minimize spread"

   Please note that videoconferencing, whenever possible, should be conducted through a secure, HIPAA compliant connection.

   It is contemplated that this guidance will remain in place until January 31, 2021, at which time DMAS and the MCOs will work together to develop next steps and implement a plan that is most appropriate to the then present conditions.