

Bulletin Number: MSA 20-12

Distribution: Home Help, MI Choice, Program of All-Inclusive Care for the Elderly (PACE), Maternal Infant Health Program, Integrated Care Organizations (ICOs), Medicaid Health Plans, Prepaid Inpatient Health Plans (PIHP), and Community Mental Health Services Programs (CMHSP)

Issued: March 18, 2020

Subject: COVID-19 Response: Relaxing Face-to-Face Requirement

Effective: Immediately

Programs Affected: Medicaid, Children Special Health Care Services, Flint Waiver, Healthy Michigan Plan

Per Centers for Disease Control and Prevention (CDC) and State recommendations, social distancing is encouraged to slow the spread of COVID-19 and thus preserve the health system capacity for the duration of this pandemic. Minimizing face-to-face contact whenever possible is strongly encouraged. These temporary policy changes offer flexibility for providers to meet the needs of beneficiaries through alternative means while protecting the health and welfare of both parties.

This policy impacts Home Help, MI Choice, Program of All-Inclusive Care for the Elderly (PACE), Maternal Infant Health Program, MI Health Link, Medicaid Health Plans, Children's Special Health Care Services, Flint Waiver, PIHPs, and CMHSPs. These changes are effective for a limited period.

Face-to-Face Communication

The purpose of this guidance is to allow flexibility related to in-person communication requirements to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic. This guidance will be in effect for 30 days following the termination of the Governor's Declaration of a State of Emergency Order (2020-04, COVID-19), or on the first of the following month, whichever is later.

During this time, providers may use telephonic, telemedicine and video technology commonly available on smart phones for program functions that require in-person communication so long as they meet Health Insurance Portability and Accountability Act (HIPAA) compliance standards and the beneficiary or legal representative consents to the method. This includes initial assessments, re-assessments, Nursing Facility Level of Care Determinations, Preadmission Screening and Resident Review (PASARR) assessments, care planning meetings, home visits, case management, and provider assessment and monitoring.

This does not include personal care services, home health, or other services designed to support Activities of Daily Living. The use of these alternative methods must be documented as a comment on the provider claim and in the beneficiary record, as appropriate. Providers must ensure the privacy of the beneficiary and the security of any information shared via telephonic, telemedicine and video technology. If a beneficiary is unable to communicate over the phone, these activities may be completed with a guardian or other representative of the beneficiary that is familiar with their needs.

For initial assessments, it is recommended that the staff person initiate contacts in addition to the beneficiary, such as family members, guardians, caregivers, and friends. It is also recommended that the staff person request two pieces of identifying information such as date of birth and first or last four numbers of the Social Security Number. In lieu of the required written consent or beneficiary signatures, verbal permission may be obtained and must be documented. Required written consent or signatures must be obtained at the next in-person opportunity.

Providers should use their judgement regarding the risk to beneficiaries and employees, and the relative need for in-person communication with beneficiaries that have complex care needs. Communication with beneficiaries to assess these factors prior to any in-person contacts is required. At a minimum, providers should ask the following questions before in-person activities:

1. Do you or anyone in your household have symptoms of Coronavirus including fever, cough, sore throat or shortness of breath?
2. Have you or anyone in your household traveled in the last 14 days? If so, where?
3. Have you or anyone in your household been in close contact with others who have symptoms, are being assessed or monitored for Coronavirus, or who have travelled in the last 14 days?
4. Have you or anyone in your household been at a large gathering of 50 people or more in the last 14 days?
5. Are you uncomfortable having a provider enter your home during the Coronavirus outbreak?

If the beneficiary or employee answer “yes” to any of the above questions, a postponement of in-person activities is strongly recommended and a referral to a healthcare provider or Local Health Department should be facilitated. The individual conducting outreach to the beneficiary shall assist in securing transportation services to the healthcare provider or Local Health Department if needed.

Following the termination of these COVID-19 conditions, in-person contacts should be made as soon as feasible to validate information gathered telephonically or through telemedicine and to reassess as appropriate. There will be no penalty for delayed contacts.

See Section 17 of the Practitioner Chapter of the Michigan Medicaid Provider Manual for general definitions, telemedicine policy, and billing/reimbursement processes.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Emily Frankman
MDHHS/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: frankmane@michigan.gov

If responding by e-mail, please include "COVID-19 Response: Alternatives to Face-to-Face Communication" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.


Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kate Massey, Director
Medical Services Administration