



## SUMMARY OF HCPF OPERATIONAL MEMOS IN RESPONSE TO COVID-19 ADULT DAY SERVICES CENTERS

*In an effort to make access easier for members to important COVID-19 information and policy changes, LeadingAge Colorado has put together this document listing all operational memos issued by HCPF. The memos are organized by provider with the latest at the top.*

### [HCPF HCBS/CMA Webinar](#)

UPDATES RELEVANT TO ADS

Effective Date: 5/29/2020

#### **Summary:**

#### **Update from Greg Schlosser/CDPHE**

EMResource System: This electronic system gathers data from health care facilities for situational awareness of bed capacity, PPE availability, staffing, etc. Currently it is available to nursing homes and ALRs.

#### **Update from Caitlin Adams/Department of Labor and Employment**

Regarding an employer not allowing an employee to commute using public transportation, due to fear of spread of COVID-19: An employee can claim that using public transportation is a reasonable accommodation. Regarding requiring an employee to wipe down the work station and/or wear a mask when not physically able to do so: both of these situations require reasonable accommodations, such as telecommuting, evening work hours, or assistance with cleaning workstation.

#### **Updates from Bonnie Silva/HCPF Director of Office of Community Living**

SEP Transition Effective July 1, 2020 – Five regions of the state will have new SEPs. Colorado Access will transition to Rocky Mountain Human Services. Mesa County to Rocky Mountain Health Plans. San Juan Basin to Community Connections Inc. (currently the CCB). Conejos County to Costilla County, which used to subcontract for Conejos County. Fremont/ Custer County to Starpoint (currently CCB for the region). HCPF has a dedicated team and project manager to work with outgoing and new SEPs to ensure the smoothest transition possible.

#### **FAQ Updates**

FAQs can be found at [www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response](http://www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response)

Question on resuming day programs:

-If a day program has two separate suites with separate entrance, separate bathrooms, etc. and operate as two separate programs, they can each have 10 individuals which includes participants and staff.

HCPF approval must first be obtained. See slide #21 for a form to complete.

-If a day program has a participant that refuses to wear a mask, that individual **cannot** attend the day program. This individual poses a risk to the other participants.

-A day program can provide personal assistance, including physical assistance with personal care, to an individual as long as they follow CDC and CDPHE guidance.

-If the day program decides to re-open and/or re-open and provide limited services, they must notify the case manager and work with the member. "If a Day Program Provider is resuming services for that member, they would no longer be billing for retainer payments but for those services/units rendered.

and they cannot bill for retainer services.” Note: Bonnie’s discussion made it sound as though the day program would no longer be retainer billing at all. She did not specify that the day program would not be retainer billing only for that individual that was now receiving day program services. Perhaps that last quoted sentence should have ended “cannot bill for retainer services for that member.” There were questions in Chat re whether there could still be retainer billing for clients who did not resume services, due to refusal to return and especially due to only <10 being able to be served now. HCPF indicated that guidance would be coming on reopening and retainer billing next week.

#### Non-Medical Transportation:

It is permissible for siblings or individuals that live together, such as in a group home, to be transported in the same vehicle. A staff member can also accompany an individual.

#### Questions from Chat:

Do temporary rate increases terminate June 30, 2020? Yes. Current information is that HCBS providers will have a 1% rate cut in FY 20-21. (One provider had heard 5%).

Questioner has programs with significant differences in floor space. Could programs start with 25% of building capacity and build up in increments, as other states are doing. Answer from Bonnie: that is something that can be considered, but for now the guidance stands with limit of 10 individuals including participants and staff.

Will outings into the community be permitted? There was no direct answer. Other chat answers indicated that it was acceptable to have outings, at least in parks, if CDC and CDPHE guidelines, such as masks and social distancing, were followed. Another provider asked: As long as social distancing is maintained and preferably outside can members take off their masks to drink and eat? If not times will have to be severely limited. Answer: We ask that the memo and safer at home guidance is followed. Questions about when retainer payments will stop: Guidance will be forthcoming. It is not known at this time. Providers will have time to ramp up. HCPF written Chat answer: We will have information NEXT WEEK on how to bill for providers "ramping up".

Questions re: use of shield instead of mask. Greg Schlosser answered that a shield may help protect eyes and mouth from virus entry, if it covers the side of the head, as well as the face. Survey staff defer to CDC guidelines. He did not specify which guidelines to which the CDPHE survey staff defer.

#### Next Steps:

Webinars will be held every other week starting in June. Next one will be June 12, 2020. Note that in the chat many providers requested weekly webinars due to the re-opening and the many questions that arise during the webinars. Bonnie said that she would like to focus more on the future.

Resources – slide #29 has links to some resources including one, which links to a series of articles on providing day and employment services during COVID-19. The articles are described as developed to help community providers continue to provide services to those who are currently working, seeking employment, or engaged in community-based day supports. Note that the articles do not discuss adult day programs, but rather cover issues, especially technological, re remote services.

Note: though not covered in this webinar, providers need to sign up for required critical incident training. The June 3<sup>rd</sup> session is already full.

**Summary:**Update from Kim Bimstefer, Executive Director of HCPF:

No change in surge in member enrollment forecast from last week. Updated state revenue forecast came out on 5/12/20 and projected shortfall increased to \$3.4 billion for FY20-21 and \$4.9 billion for FY 21-22. The JBC approved an additional \$19 million in GF cuts thus far, with more cuts to be made. HCPF was asked to come back with additional budget cut options. Priority is to make cuts that have the least impact on the most vulnerable members. The dental benefit was cut from \$1500 to \$1000. Providers were urged to continue to lobby federal delegation to support legislation providing additional funding to the states and local governments.

Update from CDPHE:

CDPHE will be rolling out the EMResource System for assisted living residences (ALR) next week. It was rolled out to nursing facilities this week. It is a database that compiles facility profile information such as number of beds, specialty services, staffing and PPE. Participation is voluntary but strongly encouraged by CDPHE and HCPF. It helps the state quickly assess a facility's situation and deploy resources.

Update from Bonnie Silva, Office of Community Living:

Operational guidance on handling of stimulus payments was issued last week. Clients have 12 months to spend down those funds. OM 20-057 provides guidance to day programs that are able to re-open. Strict guidelines are in place and individuals that fall within the definition of vulnerable population may not attend. Programs must comply with local ordinances and variances, Safer-at-Home orders and requirements. ADS is not deemed to be an essential activity under Safer-at-Home. Although not covered in the webinar, IM 20-020 was issued this week re critical incident reporting training.

Connect to Care website, which matches nursing home and ALR job openings to health workers seeking employment, has launched. Other provider types will be added later. HCPF weekly webinars will continue through May. The Residential Strike Force continues to ramp up testing in residential facilities.

## Chat Box Questions related to ADS:

There were questions re whether a day services provider is expected to know whether a client is living with a vulnerable person. Response: Bonnie Silva talked of communication when selecting services and seemed to indicate there might be further guidance.

There were specific questions about whether it's acceptable to provide hands-on cares that would require getting closer than 6 feet to client – both for routine and emergency care: Response: Can be served only if safely under the guidelines HCPF recommends (CDC, CMS and CDPHE) until there is additional guidance that allows for more flexibility. HCPF did not answer a provider question to clarify whether day program staff can provide hands-on service if PPE is worn.

Many adult day programs serve adults within the vulnerable population definition. Options include alternative site service delivery, use of technology, 1:1 to meet individual outside their home, wearing mask and physical distancing go on walk or other activity. Key warning from HCPF, if the individual cannot be safely served they should not attend the program until there is more flexibility with services.

There were questions re whether, when a day program re-opens, a provider can retain bill for clients that it cannot serve because that would put the program over the 10 person limit or for clients that choose not to attend. Response: Yes.

There were requests for guidance on remote or virtual programming for adult day providers. Response: No plans to provide more guidance. Folks were directed to send specific questions to the email box [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us) Bonnie said HCPF wants to move on to the best practice phase and re-evaluate what services will look like in the future.

Several questions re: can the day program have more than 10 people if it is a large building and has segregated meeting spaces. Response: No

Several questions about end of retainer payments. Response: It is not known at this time if retainer payments will be continued after 6/30/2020. Guidance will be issued in advance when known to assist providers in making plans. Working with CMS.

Can adult day purchase devices such as iPad for participants and bill for the devices? Response: No.

Question about complying with staff training requirements approaching deadlines when classroom training is not available. Response: There are opportunities for obtaining training remotely. For training that must be completed face-to-face/hands-on, HCPF will work with CDPHE to get good guidance.

#### **HCPF IM 20-020      INCIDENT MANAGEMENT AND PREVENTION STRATEGIES TRAINING**

**Effective Date: 5/12/2020**

***Summary:***

HCPF has developed a training that will review case management and provider processes for Incident Management as well as review prevention strategies regarding incidents. This training is required for Single Entry Point agencies and all HCBS Provider Agencies. Registration will be available soon. Training times are:

1. June 3, 2020; 9:00 a.m. - 11:00 a.m.
2. June 4, 2020; 1:00 p.m. - 3:00 p.m.
3. June 9, 2020; 1:00 p.m. - 3:00 p.m.
4. June 10, 2020; 9:00 a.m. - 11:00 a.m.

#### **HCPF OM 20-057      DAY PROGRAM SERVICE OPERATIONS UNDER COVID-19 SAFER AT HOME ORDER**

**Effective Date: 5/11/2020      Supersedes OM 20-020**

***Summary:***

The purpose of this Operational Memo is to inform Home and Community-Based Services (HCBS) Day Program Service Providers and Case Management Agencies of required provisions in the resumption of Day Program Services in a congregate setting. These provisions are applicable to the following services:

- Adult Day Services
- Day Habilitation
- Day Treatment for the Brain Injury Waiver
- Prevocational Services
- Supported Employment – Group

Effective May 11, 2020 adult day providers that believe it is necessary to meet the needs of their members may begin to provide services if the member is not part of the vulnerable population.

“Vulnerable” individuals includes those:

- Who are 65 years and older
- With chronic lung disease or moderate to severe asthma
- Who have serious heart conditions
- Who are immunocompromised
- Pregnant
- Determined to be high risk by a licensed healthcare provider are considered vulnerable under Executive Order D 2020 044.
- Additionally, if a member resides in a home with an individual considered vulnerable, it is strongly recommended the member not attend.

Required provisions for the resumption of services include:

- There cannot be more than 10 people in the setting at a time including members and staff
- Six feet social distancing at all times
- Staff and members must wear face mask at all times
- Members must be able to get to the setting safely and if using NMT there can only be one individual in the vehicle and must follow previous guidance issued by HCPF
- Provider must conduct health screen of members and staff before entry
- Provider must follow all sanitization and infection control guidance issued by CDC, CDPHE and CMS.

#### [HCPF HCBS/CMA Webinar](#)

#### UPDATES RELEVANT TO ADS

Effective Date: 5/8/2020

##### **Summary:**

Update from Kim Bimstefer, Executive Director HCPF

Medicaid enrollment data and future projections were reviewed. The data, including members on CHP+, is based on the surge in enrollments, due to the public health emergency, extending through Dec. 31 (previous data was through Sept. 30). HCPF projects a 29 percent increase in FY 20-21 compared to March 2020. HCPF call centers are now answering calls in an average time of less than two seconds. This area is targeted for budget cuts, so HCPF will monitor.

Budget Cuts: The \$180 million cut to the HCPF FY 19-20 is not impacting any HCPF services or benefits. However, more difficult decisions will need to be made for FY 20-21. The timeline for finalizing the FY 20-21 budget is tight: OSPB/Administration will present recommendations to the JBC on May 11; an updated state revenue forecast is scheduled for May 12; General Assembly begins meeting about May 18, and the budget/long bill must be passed by June 30. JBC actions taken specific to LTSS include:

- **Remove rate increase to ACFs and adult day services (Note: in Chat, HCPF stated this does not apply to ACF temporary 8% rate increase or the ADS 1/01/20 rate increase – just increases planned for future fiscal years)**
- Maintain personal care and homemaker increase due to Denver minimum wage increase
- Added utilization management requirements to CDASS; adding savings requirement
- Voted not to carry legislation for Community First Choice
- Voted not to carry legislation re: increasing enrollments to the HCBS-DD waitlist

Update from Greg Schlosser, Branch Chief, HFEMSD/CDHPE

CDPHE will be putting out information and training for voluntary use of the EM Resource System, which is a database to gather data from health facilities during an emergency. It captures facility profile information such as bed capacity. Additional fields will be added to the database, including PPE availability. Phase one is for nursing facilities; Phase two will give availability to assisted living residences. Isolation plans: 100 percent of the nursing homes, 97 percent of ALRs and 99 percent of group homes submitted them. Site visits will be prioritized to facilities that failed to submit plans. All plans submitted will be reviewed and facilities will be contacted as needed for outreach and technical assistance. Onsite infection control surveys are continuing.

Update from Caitlin Adams, State Advisor on Disability Employment Colorado Department of Labor and Employment: Caitlin responded to three common questions:

1. Can an employer require an employee to stay home from work based on their perceived vulnerability to COVID-19 based on categories such as age, disability, pregnancy, high risk health issues, etc.? No. The employer must be able to show a direct threat to the health and safety of the individual after an assessment of the person's job duties. It must be on an individual basis.
2. Can an employee be forced to come to work if the worker doesn't feel safe? No. If an employee falls under the Governor's Order as at-risk vulnerable, he/she cannot be required to come to work. There may also be an exemption if the employee lives with an at-risk individual. The employer must make reasonable accommodations, such as working from home.
3. Can an employer force an employee to come back to work if schools are closed and childcare is not available? The employer must make accommodations to the greatest extent possible, such as working at home, flexible scheduling. The law allows for some paid leave. Caitlin is looking into this and hopes to answer in the upcoming weeks.

Update from Bonnie Silva, HCPF Director of Office of Community Living: The [Connect to Care](#) website has launched. It matches facility job openings to healthcare workers looking for jobs. Residential facilities will be sent an invitation to complete a facility profile through the HFEMSD portal. (Note: the next day CDPHE's blog invited NFs, ACFs, ICFs, and group homes to participate.) This tool is designed to assist with staffing shortages in these residential facilities and will expand to other health care settings, such as hospitals and hospices, at a future date.

**Residential Strike Force Update:** The team's focus is to mitigate spread of the virus in residential health facilities including NF, ICF, ALRs, and group homes. Asymptomatic testing has been a top strategy; targeting the large facilities without COVID positive staff or residents. (Note: King County Washington told Bonnie that almost 60 percent of tested residents were COVID positive and asymptomatic.) To date, 2000 residents and staff have been tested. The National Guard will deploy testing to 10 additional facilities with 100+ residents next week. Facilities with 150+ residents have been tested.

Another priority is distribution of PPE. Additionally, the federal government will be deploying PPE to Medicare and Medicaid nursing homes. Another role of the strike force is to visit facilities upon the first COVID positive resident or staff to begin immediate testing and cohorting of residents to prevent the spread, to ensure adequate supply of PPE, and to assist with implementation of proper infection control procedures. Onsite infection control surveys have increased by 50 percent and there are weekly webinars. The launching of the Connect to Care website should help with staffing. The strike force is also partnering with International Medical Corps, which has a team of volunteers.

**Safer at Home – What is Next for Residential and Day Service Providers:** HCPF is receiving many questions about the opening of day programs, visits to residential communities, individuals going out

into the community. At this point in time, nothing has changed – providers were told in Chat not to open day programs. All issued guidance remains in effect and new guidance will be issued by early next week. Most individuals receiving LTSS services are either at-risk or living with at-risk individuals. Social distancing, face coverings, and infection control must be part of the current and long term plans. It will be a very long time before clients can congregate in large group settings, as people must be kept safe, while meeting client needs. HCPF will engage providers as services are reconfigured.

Flexibility/Funding Priorities: Bonnie reviewed the previous issued operational memos that provided flexibility in the delivery of services during the pandemic. The decisions were difficult – it was easiest to implement changes in service delivery that were budget neutral such as retainer payments, virtual/ alternate service delivery, etc. The temporary rate increase for residential and person care was viewed as a priority due to staffing shortages and added responsibilities of direct care staff.

#### New Guidance Issued:

IM 20-019 – compiles temporary regulatory changes for a variety of health care providers issued by HCPF, CDPHE and DORA so they are easier to find. It does not contain any new information.

OM 20-053 – informs NF, PACE, Hospital Back-up, ICF-IID and LT Home Health providers of temporary changes to the level of care assessment, ULTC 100.2, and NF-to-NF transfers.

OM 20-054 – informs Options counselors of temporary changes to the provision of counseling services for NF residents wanting to transition to a community setting. Authorizes counseling by telephone or other electronic means, adjusts the counseling timeline, and waives client signature.

#### Questions and Answers:

Lots of questions about re-opening ADS centers and day programs. Response: Look for guidance to come out early next week. For now, all previously issued guidance remains in effect. Day programs can be provided via Skype, Zoom, etc. One webinar participant indicated that her ADS center was open and asked about providing COVID-19 testing to all participants. Another participant reported that a program in Douglas County was open, stating this was permitted if no more than 10 participants. Colin Laughlin stated opening day programs and ADS centers is not authorized.

When will retainer payments end? This no date yet.

Participants again asked about billing retainer payments for a new ADS client. This is not allowed.

There were questions about billing for non-medical transportation services to deliver meals and take supplies to ADS clients. This is not allowed.

There were lots of questions about visits to clients by family members – they are getting angry. Response: Visitor restrictions are still in effect.

Residential providers are having trouble keeping staff because of the financial incentive to not come to work - unemployment plus \$600 per week can pay more than employment compensation. How long will the extra \$600 per week check be in effect? Response: It is to be in effect until July 31. Facilities can report employees who won't come to work at [www.colorado.gov/pacific/cdle/covid-19-employers](http://www.colorado.gov/pacific/cdle/covid-19-employers) For employees that cannot come to work, perhaps due to lack of childcare, it may be possible to furlough the employee. Email for Caitlin is [Caitlin.e.adams@state.co.us](mailto:Caitlin.e.adams@state.co.us)

When will testing be done in group homes?



Response: Bonnie said she is not sure. There is still a shortage of testing so they are prioritizing. The Governor's Innovation Team is doing a great job of increasing testing capacity but at this time they are having to target the highest density settings first. There are approximately 1,200 congregate care settings, so it will make some time.

Funding Resources? Slide 28 and 29 contains links and descriptions to a variety of loans and grants.

COVID-19 Healthcare Workforce Tool Kit? Slide #30 contains a link to a comprehensive tool kit put out by CMS that includes resources, training, guidance and webinars to assist in responding to COVID-19.

Next Steps

Guidance for residential and day program providers on re-opening

Guidance for residential providers on stimulus checks and how they should be used

Residential Strike Force Update

[HCPF HCBS Webinar](#)

**UPDATES RELEVANT TO ADS**

**Effective Date: 5/1/2020**

**Summary:**

Update from Kim Bimstefer, Executive Director of HCPF:

Kim reviewed data on the current and forecasted surge in Medicaid enrollment due to COVID-19. It is anticipated that once the public health emergency is over, many of the new enrollees will drop off resulting in a net increase in of 23 percent in FY2020-21. The new enrollees are not expected to have a significant impact on the budget because they had health insurance until they lost their jobs, are healthy, and will not be using HCBS services.

Anticipated budget shortfalls due over the next three fiscal years will likely result in significant cuts. The Governor's Executive Order requiring an immediate cut of \$229 million in general fund, including \$183 million from HCPF. This cut is required by statute to ensure the general fund reserve remains intact. This will not result in a cut in services or benefits for the remainder of this fiscal year because there are savings due to money budgeted that will not be spent, decrease in utilization of benefits and increase of 6.2 percent in the FMAP. Providers are urged to lobby the Colorado representatives and senators for federal funds for state and local governments.

HCPF will be taking a tiered approach to address the budget shortfall for FY2020-21 - looking at cuts having the least impact on services and benefits and on those most vulnerable - and will cut deeper if necessary. HCPF is committed to a transparent process. The budget must be passed by June 30. (For more detailed budget information, see the webinar presentation slides.)

A US supreme court decision is due Monday. Kim is concerned that the decision will be that LGBTQ individuals are not protected from discrimination in employment and wants providers to help clarify in the community that HCPF does not discriminate and how Colorado values the LGBTQ community. PPE distribution is improving with priority given to nursing homes and other residential facilities.

Update from Greg Schlossser, Branch Chief with HFEMSD:

Survey workload priorities remain the same, however, HFEMSD is increasing its onsite infection control monitoring visits by 50 percent. These visits are streamlined and take about 1.5 hours.

Update from Bonnie Silva, Executive Director of HCPF Office of Community Living:



Bonnie reported on the activities of the COVID Residential Strike Force. Testing is expected to increase to 5,000 per day in early May and , per day by the end of May. The state is being strategic at this time and focusing testing in large facilities that are COVID free to identify asymptomatic individuals. PPE will be distributed to facilities based upon need in accordance with the PPE surveys submitted by providers. The strike force continues to work on guidance re: cohorting and isolation. A rapid response team of experts has been created to respond to new outbreaks to reduce the spread with a three-prong approach – testing, education, and staffing. Enforcement may be taken when it is determined facilities are disregarding infection control and isolation practices in accordance with issued guidance.

Providers are urged to ensure their front-line staff continue to be trained in the latest information re: proper use of PPE and infection control. Slide 23 of the presentation contains links to short videos put out by the CDC. Connect to Care, is a tool that matches facility staffing needs to the healthcare workforce. Providers can create a profile and so can individuals seeking employment. The site matches key features. Colorado and Oregon are pilot testing this program. The focus at this time is on nursing homes and other residential care facilities and will eventually open up to hospitals, home care, etc. The website is to launch on Monday. The community college system has obtained grant funding for virtual training.

HCPF expects to release guidance soon on: nursing facility/ICF rates; transition coordination, resuming day programs, and handling of stimulus payments (the \$1200 that went to individuals).

Questions and Answers: If providers find that clients have been erroneously discontinued, work with the county and case manager before emailing HCPF. HCPF still doesn't have guidance on whether there will be retainer payments when day programs resume but a client opts out because the client finds it unsafe for medical reasons to return.

#### [HCPF HCBS Webinar](#)

#### UPDATES RELEVANT TO ADS

Effective Date: 4/24/2020

##### **Summary:**

Attendees questioned whether transportation providers could be paid for delivering meals to ADS clients. The answer was not at this time. Attendees also asked when retainer payments would end. The answer is that there is no timeline and they are not guaranteed. When information about an end date evolves, HCPF will issue guidance with enough advance notice. HCPF also clarified that rate increases are not for day programs. An attendee asked when day programs would resume. HCPF stated that they are working on the planning and looking at tiered flexibility. Another question was whether the transition for case management services from Colorado Access to Rocky Mountain Human Services was still planned for July 1. HCPF indicated that it was. A provider asked if providers would be able to conduct in-home Day Programs without liability concerns. HCPF responded that they would encourage people to provide services to their clients in general, but, in terms of liability, the Department is unable to provide guidance.

Providers are requested to lobby the federal government for stimulus funds for States. Although portions of Colorado are partially re-opening to safer-at-home criteria, current HCPF guidance stays in place. HCPF is looking at 3 – 4 weeks out and working on revised guidance. HCPF flexibilities are tied to federal guidance/waivers, not to Governor Polis.

Note: The above information is not included in the webinar slides.

**HCPF OM 20-049**

**UPDATED CASE MANAGEMENT ADDITIONAL OPERATIONAL CHANGES  
IN RESPONSE TO COVID-19 PROFESSIONAL MEDICAL INFORMATION PAGE (PMIP)**

**Effective Date: 4/23/2020      Supersedes OM 20-019**

**Summary:** For HCBS assessments completed on or after March 18, case managers will complete the ULTC 100.2 to determine functional eligibility without the requirement for a completed PMIP for the duration of the COVID-19 public health emergency. Members seeking admission into an HCBS waiver that requires a specific diagnosis may do so without a completed PMIP. At the next regularly scheduled assessment, the case manager will obtain the completed PMIP.

**HCPF HCBS Webinar**

**UPDATES RELEVANT TO ADS**

**Effective Date: 4/17/2020**

**Summary:** In the Questions section of the webinar, a case manager said that an ADS center asked to receive retainer payments for a client that was service planned, after the ADS center closed, to start ADS after the COVID-19 emergency. Bonnie Silva said this is not allowed – that retainer payments must be budget neutral. Following is a summary of the webinar:

**HCPF Executive Director Kim Bimestefer Update:**

- They are re-examining new member messaging, as they are expecting a surge in applications, mainly from individuals who had employer-sponsored insurance. HCPF is working to increase service capacity to enroll and assist new members. So far they are able to keep up with the demand.
- Medicaid enrollments have increased significantly but she doesn't believe it will have huge budget impact because utilization, including elective surgeries, dental appointments, and routine medical appointments, has decreased.
- HCPF is working with partners including the State EOC, FEMA and CDPHE to secure PPE and assist with alternative care sites. HCPF has eight staff working 20-25 hours per week to source PPE for providers and members regardless of the setting.
- Colorado has been working with other states regarding influencing the 4<sup>th</sup> stimulus package. A joint letter will be going to the federal administration from the governors around the country. They are lobbying for an increased federal match and would appreciate provider support in lobbying for this as well.
- HCPF is modeling to forecast membership, staffing, impact to budget, utilization to help plan for future shortfalls after the COVID-19 pandemic ends.
- Looking at managing an anticipated \$3.2 billion revenue shortfall next fiscal year.
- In the process of operationalizing additional approved changes from the federal government.
- The creation of the COVID-19 Action Team this week. This was put in place at HCPF and CDPHE urging with support from the Governor's office, due to the growing number of outbreaks in healthcare facilities. Bonnie Silva from HCPF and Randy Kuykendall from CDPHE are the co-leads of this team, which includes individuals with expertise. The initial focus of the team is on the following items:
  - Securing additional funding
  - Ensuring PPE to greatest needs
  - Ensure compliance with HCPF operational memos, **public health orders**, CDPHE, CMS and CDC guidance re: infection control, visitor restrictions, health screening, etc.
  - Education
  - Testing
  - Staffing capacity
  - Provider capacity

**Greg Schlosser, CDPHE, updates:**

- No change to the process for securing PPE.
- No change to status of operation of State EOC.
- The first alternative care site is expected to be operational by the end of April or early May.
- No change to survey priorities.
- CDPHE is operationalizing a dispatch call center to coordinate the transport of patients to alternative care sites or inter-facility transfers. This will be coordinated with EMS. It is to be operational on Monday, April 20.
- Residential and nursing facility outbreak information will be released every Wednesday. An outbreak is two or more cases within a 14 day period. There is a link to the data on slide #6. Host home information will not be made public due to privacy issues.
- Slide #6 contains a link to HFEMSD blog that contains updated COVID-19 related memos.

**Marivel Klueckman, HCPF Eligibility:**

There is continuous enrollment of any person on Medicaid as of March 18 until the federal emergency declaration ends. There are only three exceptions: death, not a Colorado resident, or individual voluntarily terminates. System changes were implemented on April 5 to make sure no one loses their benefits, i.e. to “lock-in” members. There were process in place to reopen all cases with end dates of March 31 and April 30, to be sure the clients remain enrolled. They will remain eligible even if found ineligible for reasons such as over assets. Eligibility techs will continue to process renewals and changes.

Clients impacted by the CBMS/interChange mismatch are also considered part of the continuous enrollment group. These are clients who were correctly disenrolled in CBMS, but not in interChange payment system. They were scheduled to be terminated in interChange March 31, but now will remain eligible for provider payment until the federal emergency declaration has ended.

Premiums have been waived for working clients on the Medicaid buy-in program and working requirements have been waived during pandemic.

HCPF is still seeking approval from CMS on self-attestation for some eligibility documents.

Klueckman reviewed progress made in processing applications, as shown in slides 15 - 17. There was a backlog due to changes to CBMS as part of the transformation system upgrade in 2019. Eligibility techs had delays due to training and learning the new system; also there were system “challenges”, primarily in October thru December. January thru March techs focused on backlogs. In January there was decreased timeliness for applications, as redeterminations were given priority. There was a time lag in March due to the number of new applications, but they are now meeting standards for processing. She provided the following data on processing times for medical assistance applications:

- 34 percent approved within 1 day (real time eligibility via PEAK)
- 46 percent approved within 5 days
- 79 percent approved within 30 days

This data does not break out LTSS, which has a 90-day requirement – she will provide that information soon.

Klueckman also mentioned the new COVID Uninsured benefit to cover COVID testing only.

**Bonnie Silva, HCPF:**

HCPF received approval from CMS on the following Appendix K requests:

- Modifying staffing ratios and training requirements
- Waiving PMIP requirement for initial and annual assessments
- Retainer payments for residential providers
- Sick leave payments for CDASS attendants

Operational memos should come out next week re: PMIP and sick leave for CDASS attendants. For modifying staffing ratios, training requirements and retainer payments for residential providers, they will be determining whether necessary and how to implement.

No new operational memos came out this week, but they have updated the FAQs. There is a link to the FAQs on slide #20.

Operational memos coming out next week:

- Sick leave for CDASS attendants
- Notice of Action changes in response to COVID to keep eligibility
- CM operational changes for temp waiving of PMIP
- Updated changes to benefits and services due to COVID-19
- Clarification to temp changes to PASRR
- Reporting requirements for positive and presumptive positive COVID-19 cases to local health dept for critical incidents

In the 4/17 Nursing Facility webinar, Silva mentioned a just-received DORA guidance re nursing students, which is available at: <https://content.govdelivery.com/accounts/CODORA/bulletins/286e1c8>. It appears that this may provide more flexibility in staffing with not fully trained and certified nurses and CNAs.

Silva mentioned that the COVID-19 certification training is available; however, to register for free you had to register April 17. If signed up by April 17, providers can take the course through the week of April 20. Starting the week of April 20, there will be a reduced fee to take the course.

Silva asked providers to complete the workforce shortage survey, which is needed by April 20. It is gathering information about staffing in hopes of identifying gaps and where HCPF can help.

NEXT STEPS

- To work on how to implement increased funding for nursing homes and ALRs
- Several new operational memos
- Thank you to LeadingAge Colorado and other provider organizations for working with us, submitting questions, making us aware of issues

In the Question section: Is virtual QMAP certification possible? Yes, this is possible, but the training entity must contact CDPHE, update their training materials, and get it approved.

**Note: Not all of the above information is included in the webinar slides.**

**[HCPF OM 20-039](#)**  
**COVID-19**

**UPDATED CASE MANAGEMENT OPERATIONAL CHANGES IN RESPONSE TO**

**Effective Date: 3/13/2020**

**Summary:** Issued 4/10/20. Supersedes HCPF IM 20-017 & HCPF OM 20-021. Extends retainer payments to employment services offered through the Waiver for Persons with Developmental Disabilities (DD) and the Supported Living Services (SLS) Waivers: Prevocational Services and Supported Employment. Also provides guidance to providers on adjusting claims submitted to date for retainer payments, as well as instructions on how to bill services going forward. These actions must be taken in order to receive retainer payments.

**HCPF OM 20-034      UPDATED CASE MANAGEMENT OPERATIONAL CHANGES IN RESPONSE TO COVID-19**

**Effective Date: 3/11/2020**

**Summary:** Supersedes OM 20-018. Effective date 3/11/20. Authorizes case managers to use electronic video for any contact or assessment for programs including nursing facilities, alternate care facilities and adult day services. Phone can be used if the member does not have access to electronic video. Initial and continued stay reviews are authorized for up to a year.

**Note:** During the HCPF HCBS webinars on 3/27/2020 and 4/03/2020 it was reported that individuals enrolled in Medicaid as of 3/18/2020 will continue on Medicaid until the pandemic ends unless the individual requests to dis-enroll or moves out of state.

**HCPF HCBS WEBINAR      Effective Date: 4/03/2020**

**Summary:** The \$1200 stimulus payment does not impact financial eligibility. Implementation of final settings rule cannot be delayed, as this is in federal law. Non-residential providers will be notified once the PTP platform is available. There is flexibility re required verification documents for eligibility. Until bank statements are received, an attestation can be submitted. HCPF is in conversations with CMS re how long retainer payments will be allowed. During the pandemic, a client does not need to receive at least one service every 30 days to keep eligibility. Re whether there can be hazard pay during pandemic: HCPF is working with CMS and legislature to understand how to best prioritize and support all providers.

**Note:** There is no link to this information, as this was part of the Q&A, not in the slides.

**HCPF OM 20-031      NON-MEDICAL TRANSPORTATION      Effective Date: 4/01/2020**

**Summary:** Limits non-medical transportation (NMT) to essential services and needs only, i.e. grocery, pharmacy, and bank. Members using NMT may not have any symptoms of illness. Limits one member per vehicle. Instructs NMT providers on proper hygienic and sanitization processes. Instructs members to use Non-Emergent Medical Transportation (NEMT) for essential medical appointments.

**HCPF NON-RESIDENTIAL HCBS WEBINAR      VARIOUS TOPICS      Effective Date: 3/18/2020**

**Summary:** Restricts all visitors, with a few exceptions such as end-of-life. Residents retain the right to contact the ombudsman, who should be admitted. Those with symptoms of a respiratory infection should not be allowed in the facility, even if end-of-life. An exception is a surveyor, if the surveyor has no fever. Another exception is a healthcare worker – follow CDC guidelines. Cancel communal dining and all group activities. CMS QSO-10-14-NH is the source.

**HCPF OM 20-022      COVID-19 CIR REPORTING BY CM      Effective Date: 3/19/2020**

**Summary:** Instructs case managers that BUS has been updated to facilitate accurate reporting of members with presumptive or confirmed positive case of COVID-19. Instructs case managers to report cases to CDPHE, review client services and make changes to meet needs during illness and limit exposure to others.

Note: In the HCPF webinar on 3/27/2020 Greg Schlosser from HFEMSD/CDPHE informed providers that they no longer need to notify CDPHE of positive COVID-19 cases. This information is reported to CDPHE directly from the labs.

**HCPF OM 20-017**      **DEPARTMENTAL GUIDANCE ON LONG-TERM CARE AND CONGREGATE SETTINGS**

**Effective Date: 3/13/2020**

**Summary:** Encourages providers to take emergency measures to screen members and consider restricting visitors at settings, including ADS Centers. Note: stronger restrictions have been released since OM 20-017.

**IM 20-017**      **COVID-19 COMMUNICATION FOR ADULT DAY, DAY HABILITATION AND BRAIN INJURY DAY TREATMENT PROVIDERS**

**Effective Date: 3/13/2020**

**Summary:** Authorizes use of technology or alternate settings to provide adult day services, due to COVID-19. Any change in services delivery must be agreed to by client and documented. Day program providers that have stopped or reduced services due to COVID-19 may bill for retainer payments, only if the client chooses not to receive such services elsewhere. Retainer payments can only be billed when authorized and documented in the client's service plan.