



## SUMMARY OF HCPF OPERATIONAL MEMOS IN RESPONSE TO COVID-19 NURSING FACILITIES

*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 NF Webinar](#)

### NURSING FACILITY TOPICS

Effective Date: 4/17/2020

#### Summary:

#### HCPF Executive Director Kim Bimestefer updates:

- 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 and so far they are able to keep up with the demand.
- Medicaid enrollments have increased significantly but are not expected to have huge budget impact because utilization, such as 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 members working 20-25 hours per week to source PPE.
- 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 a federal match increase and would appreciate provider support in lobbying for this.
- HCPF is modeling to forecast membership, staffing, impact to budget, utilization, etc. to help plan for future shortfalls after the COVID-19 pandemic ends. A \$3.2 billion state budget revenue shortfall is expected next fiscal year.
- HCPF is in the process of operationalizing additional approved changes from the federal government.
- Looking at the additional funding that was authorized yesterday: no details on how much and when at this time. HCPF will release information next week.
- Creation of the COVID-19 Action Team this week, which was put in place at HCPF and CDPHE urging with support from the Governor's office, due to the growing number of outbreaks in non-hospital 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:
  - o Securing additional funding
  - o Ensuring PPE to greatest needs
  - o Ensure compliance with HCPF operational memos, public health orders, CDPHE, CMS and CDC guidance re: infection control, visitor restrictions, health screening, etc.
  - o Education
  - o Testing
  - o 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. To be coordinated with EMS, it is to be operational on Monday, 4/20.
- 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 the HFEMSD blog that contains updated COVID-19 related memos.

**Marivel Klueckman, HCPF Eligibility, updates:**

There is continuous enrollment of any person on Medicaid as of 3/18/2020, effective until the federal emergency declaration ends. There are only three exceptions: death, not a Colorado resident, or the individual voluntarily terminates. System changes were implemented on 4/5 to make sure no one loses their benefits, i.e. to “lock-in” members. There were processes in place to reopen all cases with end dates of 3/31 and 4/30, to be sure the clients remain enrolled. They will remain eligible, even if found ineligible for reasons such as over assets. County eligibility staff 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 3/31/20, 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% approved within 1 day (real time eligibility via PEAK)
- 46% approved within 5 days
- 79% 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 updates:**

She mentioned a just-received DORA guidance regarding 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.

She then reviewed guidance for nursing facilities by MUST, SHOULD, and MAY – the full lists are in slides 23–25. For example, “Restrict Visitors” is a Must. “Divide staff into teams serving the same residents/units every day, to minimize mixing” is a Should. “Suspend PASRR Level I and Level II assessments for 30 days” is a May.

Silva mentioned that the COVID-19 certification training is available; however, to register for free you had to register 4/17/20. If signed up by 4/17, providers can take the training through the week of 4/20. Starting the week of 4/20, there will be a reduced fee of \$5 to take the course.

Silva asked providers to complete the workforce shortage survey, which is needed by 4/20/20. It is gathering information about staffing in hopes of identifying gaps and where HCPF can help. Next steps include working on how to implement the increased funding approved by the governor. Silva encouraged providers to take concerns to their trade association, but they are still free to directly contact HCPF.

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

#### **HCPF NF WEBINAR      NURSING FACILITY TOPICS      Effective Date: 4/10/2020**

**Summary:** There is a PPE Allocation Guidance Group in the works to assist with the distribution of PPE – there will be more information next week. HCPF is now getting data from CDPHE on the outbreaks and will be tracking all members in these facilities and reaching out to see where they can help. Currently there is not a shortage of hospital beds, ICU beds, or ventilators. Greg Schlosser, CDPHE, stated that licensed and certified home health and hospice agencies are considered essential personnel, so providers cannot restrict them from entering their facilities. HCPF reviewed the Crisis Standards of Care, which have not been activated.

HCPF is seeking approval thru an Appendix K waiver to exclude the PMIP requirement from annual and CSR reviews; medical professionals are busy and this is causing delays. Thru the 1135 waiver, HCPF is requesting to waive signatures for LTSS eligibility. There are several requests that would impact nursing facilities in State Plan Amendments (SPA) that HCPF has requested:

- Enhanced Payments for Nursing Facilities (NF) & Intermediate Care Facilities (ICF)
- Waive Level of Care Assessments for NF-to-NF Transfers
- Waive PMIP for Home Health, PACE, NF, and ICF
- Suspend IMD Status
- Staffing Flexibility for NF, ICF, ACF

HCPF is exploring enhanced rates for nursing facilities and ICFs and extending the length of HCBS respite. A new 100.2 assessment is now good for one year. The start date of the certification for initial admissions is the date the client is admitted to the nursing facility with Medicaid as the pay source. The slide presentation contains resources/links from the Alzheimer’s Association regarding maintaining social distances, etc. for residents with dementia. Although HCPF did not list nursing facilities as a participant in this week’s call, they might want to participate in next week’s call. Kim Bimestefer, HCPF ED, will be on the call - also Maribell Kaufman with Eligibility to address and give updates on eligibility issues.

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

**[HCPF OM 20-038](#)      **TEMPORARY TRAINING AND CERTIFICATION OF NURSE AIDES****

**Effective Date: 3/01/2020**

**Summary:** Per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, CMS is waiving the requirements that SNFs and NFs may not employ anyone for longer than four months unless they met the training and certification requirements under Section 483.35(d). Nursing facilities must ensure that uncertified staff working as nurse aides under this provision are adequately trained and competent to perform tasks assigned to them.

Through the duration of the COVID-19 public health emergency, nursing facilities may allocate these uncertified staff who perform direct health care tasks the same way they allocate licensed staff in Med-13 reporting. Additionally, these expenses must be reported in a separate working trial balance account titled 'Unlicensed Health Care Salaries - COVID 19'.

**[HCPF OM 20-034](#)      **UPDATED CASE MANAGEMENT OPERATIONAL CHANGES IN RESPONSE TO COVID-19****

**Effective Date: 4/07/2020**

**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.

**[HCPF NF WEBINAR](#)      **NURSING FACILITY ADMISSIONS**      **Effective Date: 4/03/2020****

**Summary:** Understanding of CDPHE and HCPF is that a NF cannot require a negative COVID-19 test as a condition of admission. Re PPE shortages, reach out to local emergency response manager or local public health agency. There is contact information in the webinar slides.

**[HCPF CMA and HCBS WEBINARS](#)      **Effective Date: 4/03/2020****

**Summary:** For transfers between nursing facilities for COVID-19 treatment purposes, a new ULTC 100.2 is required. The Department will implement continuous enrollment on Sunday, April 5, to lock in members' existing Medicaid eligibility from March 18 through the resolution of the pandemic.

Case managers will be able to approve the PARs and providers will be able to bill, without the redetermination. Clients who lost eligibility before March 18 due to missing redeterminations will have to reapply for Medicaid. The \$1,200 stimulus payment does not impact financial eligibility. There is flexibility re required verification documents for eligibility. Until bank statements are received, an attestation can be submitted. Some counties don't understand that when someone moves from the community to a nursing home there are 60 days to get the PMIP – HCPF will follow up with the counties. Re whether there can be hazard pay during the pandemic: HCPF is working with CMS and the 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 20-032](#)      **TELEMEDICINE**      **Effective Date: 4/01/2020****

**Summary:** Authorizes use of telemedicine via telephone, live chat or video conferencing for physician services that do not require in-person visit. Includes physician visits every 30 days for the first 90 days after admission and at least every 60 days thereafter, through the duration of the COVID-19 public

health emergency. Restricts PT, OT and Hospice services to audiovisual modality. The member must consent verbally or in writing.

**HCPF OM 20-030 PASRR COVID-19 UPDATE 2 Effective Date: 3/20/2020**

**Summary:** Authorizes additional temporary changes to PASRR. Level I screens and Level II evaluations will be suspended for 30 days for new admissions. All new admissions may be treated like exempted hospital discharges. No PreAdmission Level I Screen (PAS) is required to be submitted to eQHealth. After 30 days, new admissions for individuals with SMI or IDD shall receive a Resident Review. The nursing facility shall submit a Post Admission Level I Screen (PAL) to eQHealth after 30 days.

New preadmission Level I screens and Level II evaluations are not required for residents who are being transferred between nursing facilities. If the receiving facility is not certain whether a Level I had been conducted at the resident's previous facility, a Level I may be conducted by the admitting facility. A Resident Review should follow a positive Level I screen.

For current residents, Level II evaluations, Resident Reviews and Status Changes, should be completed remotely, using telehealth or other technological means. Single Entry Point (SEP) agencies will not need a PASRR authorization in order to issue a certification for nursing facility placement. The start date of the certification shall be the date the client was admitted to the nursing facility for initial admissions and the date the Uniform Long Term Care (ULTC) 100.2 Assessment was completed for Pay Source Changes (PSC). Providers may use Telehealth alternatives to meet existing needs for the provision of specialized services.

**HCPF OM 20-026 INSTRUCTIONS FOR NURSING FACILITY CLAIMS WHEN 5615s ARE UNAVAILABLE DUE TO COVID-19**

**Effective Date: 3/27/2020**

**Summary:** Provides temporary operational instructions for acceptable billing practices related to delays in receipt of 5615 forms from eligibility sites during the COVID-19 pandemic. Estimated patient liability can be used.

**HCPF NF WEBINAR VARIOUS TOPICS Effective Date: 3/27/2020**

**Summary:** Eligibility will not be lost if county eligibility does not complete redetermination – eligibility is lost only if client requests or moves out of state. Telemedicine is approved temporarily. Relaxation of HIPAA for telehealth. Survey priorities are: 1. Complaint/facility-initiated incident reports triaged at the IJ level. 2. Targeted Infection Control Surveys. 3. Infection Control self-assessments. 4. Initial surveys.

**HCPF IM 20-015 PASRR COVID-19 UPDATE Effective Date: 3/13/2020**

**Summary:** Temporary changes to PASRR process. Pre-Admission Level I Identification Screen (PAS Level I) for individuals discharging from a hospital or admitting from the community, will be approved for a 60-day time limited stay regardless of intended length of stay, rehab or Long-Term Care. The accepting Nursing Facility will complete a Post Admission Level I Update (PAL) upon the expiration of the 60 days (on the 60th day). Nursing Facility admissions pending on the completion of Level II evaluation already received by eQHealth, can be approved for a 60-day time limited stay if a Level II evaluation cannot be completed due to COVID-19 concerns. PASSR Level II evaluations may be conducted through telephonic or other electronic modalities.

