

COVID-19

HCPF Office of Community Living

Presented by: Kim Bimestefer,
Julie Reiskin, Dr. Tracy Johnson,
Dr. Lisa Latts, and Bonnie Silva

March 20, 2020

Overview

High-level overview of Department actions

- Kim Bimestefer, HCPF Executive Director

Current COVID-19 status in Colorado

- Dr. Lisa Latts, HCPF Chief Medical Officer

Comments from Colorado Cross-Disability Coalition

- Julie Reiskin, Executive Director, CCDC

Overview of guidance issued so far and what we're working on

- Dr. Tracy Johnson, Medicaid Director
- Bonnie Silva, HCPF Office of Community Living Director

Questions/Feedback

- Time for participants to ask questions, bring ideas

Health & Safety Is Our Priority

- Thank you for your partnership now and going forward.
- Our members' health and care access are our priority. *YOU are key.*
- Lock step with CDPHE/CDC guidance to protect our members health, safety.
- Unprecedented times. Pandemic causing a market downturn
- County partnership - application processing, service.
- Federal partnership - requested flexibility, funds. CMS calls. Fed Delegation. 1115 waiver, Addendum Ks submitted 3/13. 1135 in process.
- Telemedicine. Emergency rulemaking. Budget allocations work.
- Operational focus - call centers, vendor accountability, preparedness.

Letters



CHAIR
Larry Hogan
Governor of Maryland

VICE CHAIR
Andrew Cuomo
Governor of New York

March 19, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
U.S. Capitol Building, Room S-230
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
U.S. Capitol Building, Room S-224
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
U.S. Capitol Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
U.S. Capitol Building
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi and Minority Leader McCarthy:

Governors are at the center of the response to COVID-19 and need Congress and the Administration to support their efforts. Congress and the Administration should provide at least \$150 billion in immediate direct aid to the states, with maximum flexibility for governors' COVID-19 efforts. Despite the uncertainty and rapidly-changing nature of this pandemic, governors are working tirelessly to ensure the health and safety of their residents. To meet this challenge, governors are asking for a new program that would provide unrestricted state fiscal support in addition to traditional funding streams.

States and territories are allocating hundreds of millions of dollars to respond to COVID-19 and have taken significant and costly steps to mitigate the spread of COVID-19. Providing aid directly to states and territories gives governors the flexibility they need to try innovative approaches to protect a wide range of services such as: addressing the increase in unemployment, minimizing the economic impact of business closures, ensuring all students have access to education, meeting the child care and housing needs of residents, and maintaining public transportation and social welfare programs.

Governors appreciate the aid from Congress in the two supplemental appropriations acts for addressing the public health response, as well as aid to individuals and states – particularly for the unemployed. While Congress works on a third emergency spending bill, governors are seeking as much flexibility as possible with federal programs to address the critical gaps in their states.

Medicaid is the largest source of federal funds spent by states: 48 percent of all federal funds spent by states come from the Medicaid program. One of the most impactful things Congress can do is increase the federal share of Medicaid funding for states. Governors appreciate the Families First Coronavirus Response Act, with an increase of Federal Medical Assistance Percentage (FMAP) by 6 percent to states. However, this falls short of what states will need. Longer term, automatic and more robust increases in FMAP are needed as states and territories rapidly respond to COVID-19, including funds for states and territories that expanded Medicaid.

Therefore, the nation's governors request an increase of FMAP to at least 12 percent, which many states received under the 2009 American Recovery and Reinvestment Act, to include Medicaid expansion states. Additionally, the Medicaid Fiscal Accountability Rule should be eliminated in the face of this unprecedented public health and economic challenge.

We stand ready to work with Congress on this urgent request.

Sincerely,

Governor Larry Hogan
Chair

Governor Andrew Cuomo
Vice Chair



March 19, 2020

VIA Electronic Mail

President Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
317 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
235 Cannon House Office Building
Washington, D.C. 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
322 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
326 Cannon House Office Building
Washington, D.C. 20515

Dear Mr. President, Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy:

On behalf of the National Association of State Budget Officers (NASBO), representing the states' budget and finance officers, we write to express our appreciation for the congressional and administrative leadership in response to the public health, fiscal and budget emergencies unfolding from the COVID-19 pandemic.

As stewards of state budgets, we want to emphasize the importance of states being able to respond to this public health crisis. This entails having adequate fiscal resources to support our health care and educational systems, law enforcement community and the residents of our states who face economic challenges. Lessons learned by state budget officers in implementing the American Recovery and Reinvestment Act (ARRA) can help inform the current situation about the most effective ways to continue vital state services to our citizens during an evolving public health and fiscal emergency. Budget officers agree that flexibility and quick access to funds are the most important tools to help states mitigate the impacts of the pandemic. Specifically, we request the following assistance:

National Association of State Budget Officers
444 North Capitol Street, NW, Suite 642 | Washington, DC 20001
202-624-5382 | www.nasbo.org

Enhanced Federal Medical Assistance Percentages (FMAP)

An increase in the FMAP for Medicaid to at least 12 percent for the duration of the emergency would be a crucial way to cover vital services that state governments will need to provide their citizens. Well documented studies from the Government Accountability Office¹ and the Kaiser Family Foundation² underscore the effectiveness of this approach. With Medicaid costs overwhelmingly going to the elderly and disabled, populations particularly affected by COVID-19, it is especially significant to ensure adequate Medicaid funding. Further, a trigger tied to unemployment levels that would maintain an enhanced FMAP would help avoid a fiscal cliff during a lengthy recovery period.

Direct Aid to States

Immediate direct aid to the states, with maximum flexibility, will ensure that we can meet the evolving needs of combating the virus on the ground and continue to fund key services including law enforcement, health systems, infrastructure, and education. To the extent possible, limiting burdensome reporting requirements would increase states agility and flexibility to respond to changing conditions.

State Liquidity

During these turbulent times, to ensure state liquidity, we ask the U.S. Department of Treasury to suspend the provisions of the Cash Management Improvement Act of 1990 pertaining to the calculation of state interest liability.

Flexibility and quick access to funds, through the mechanisms highlighted above, can ensure the most efficient and effective federal, state and local partnership as we provide services to our citizens while maintaining state fiscal stability in this developing environment. Thank you for your consideration and please let us know if you have any questions. We look forward to working with you on this and other matters of mutual interest.

Sincerely,

Marc Nicole
President, National Association of State Budget Officers

CC: The Honorable Richard Shelby, Chairman, Senate Appropriations Committee
The Honorable Patrick Leahy, Vice Chairman, Senate Appropriations Committee
Russell Vought, Acting Director, Office of Management & Budget
Douglas Hoelscher, Deputy Assistant to the President & Director, White House Office of Intergovernmental Affairs

¹ Government Accountability Office, "Medicaid Strategies to Help States Address Increased Expenditures during Economic Downturns," GAO 07-97 (October 18, 2006); Government Accountability Office, "State and Local Governments: Knowledge of Past Recessions Can Inform Future Federal Fiscal Assistance," GAO-11-401 (March 31, 2011).

² Impact of the Medicaid Fiscal Relief Provisions in the American Recovery and Reinvestment Act (ARRA), Kaiser Family Foundation.

MORE INFORMATION



www.cdc.gov/coronavirus/2019-ncov/



www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page



covid19.colorado.gov



Local Public Health Agencies

www.colorado.gov/cdphe/find-your-local-public-health-agency



www.colorado.gov/hcpf/COVID



www.ccdonline.org/covid-19-resources-links-and-information/

Stay Engaged

Email us

HCPF_HCBS_Questions@state.co.us
covid@ccdconline.org

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- Statewide organization run by and for people with all types of disabilities
- We do disability rights advocacy using a social justice lens
- We have agreed to coordinate communication between our community (not just CCDC members but the whole disability community) and HCPF to help with overwhelm. #DoingMyPartCO
- Email covid@ccdconline.org
- Website www.ccdconline.org/covid-19-resources-links-and-information/

Polis Administration &
HCPF have been awesome
#DoingMyPartCO

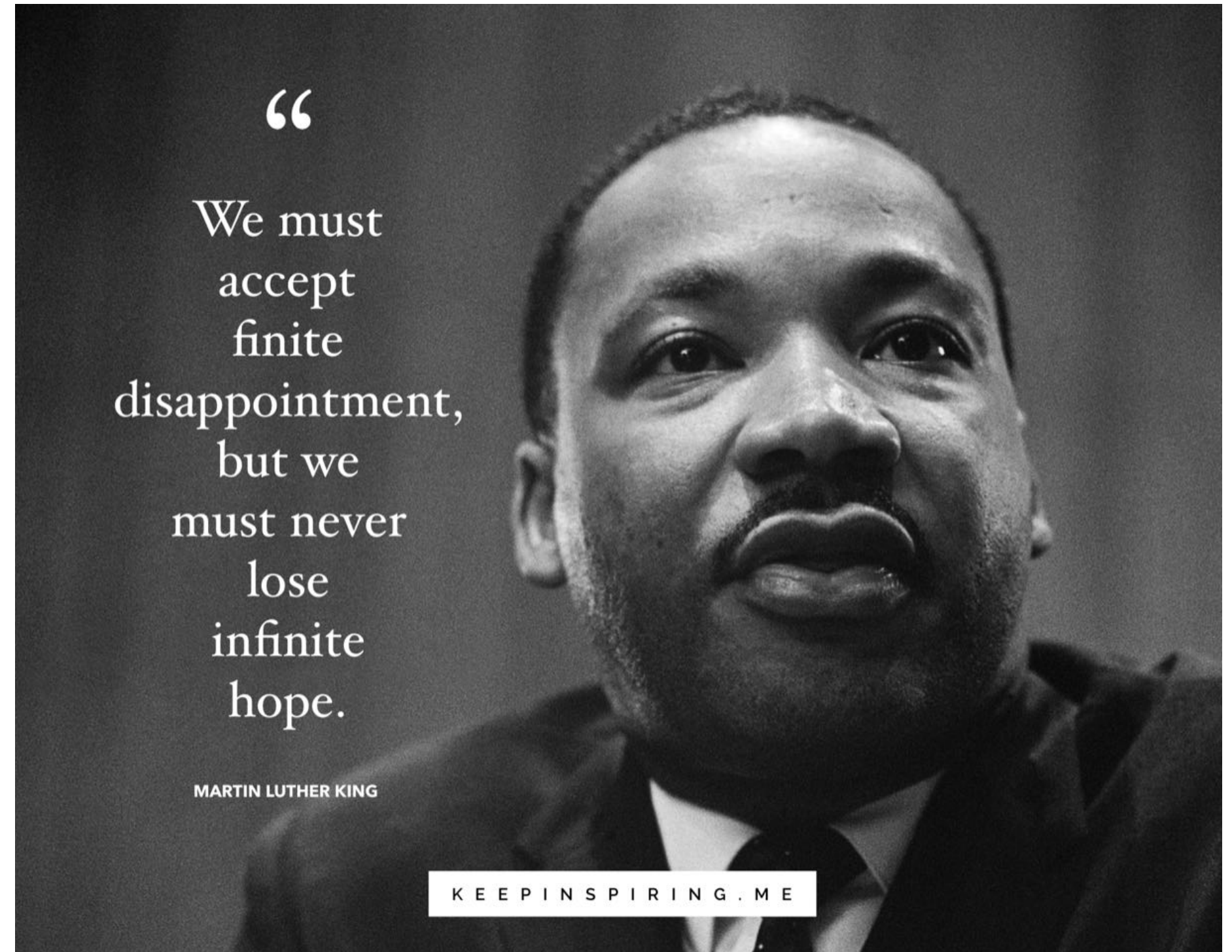


- We have been in daily contact with administration on disability issues
- We are pleased with responsiveness
- We understand that there are
 - Numerous pressures on the Medicaid program
 - There will be serious pressures on the budget

We will be OK

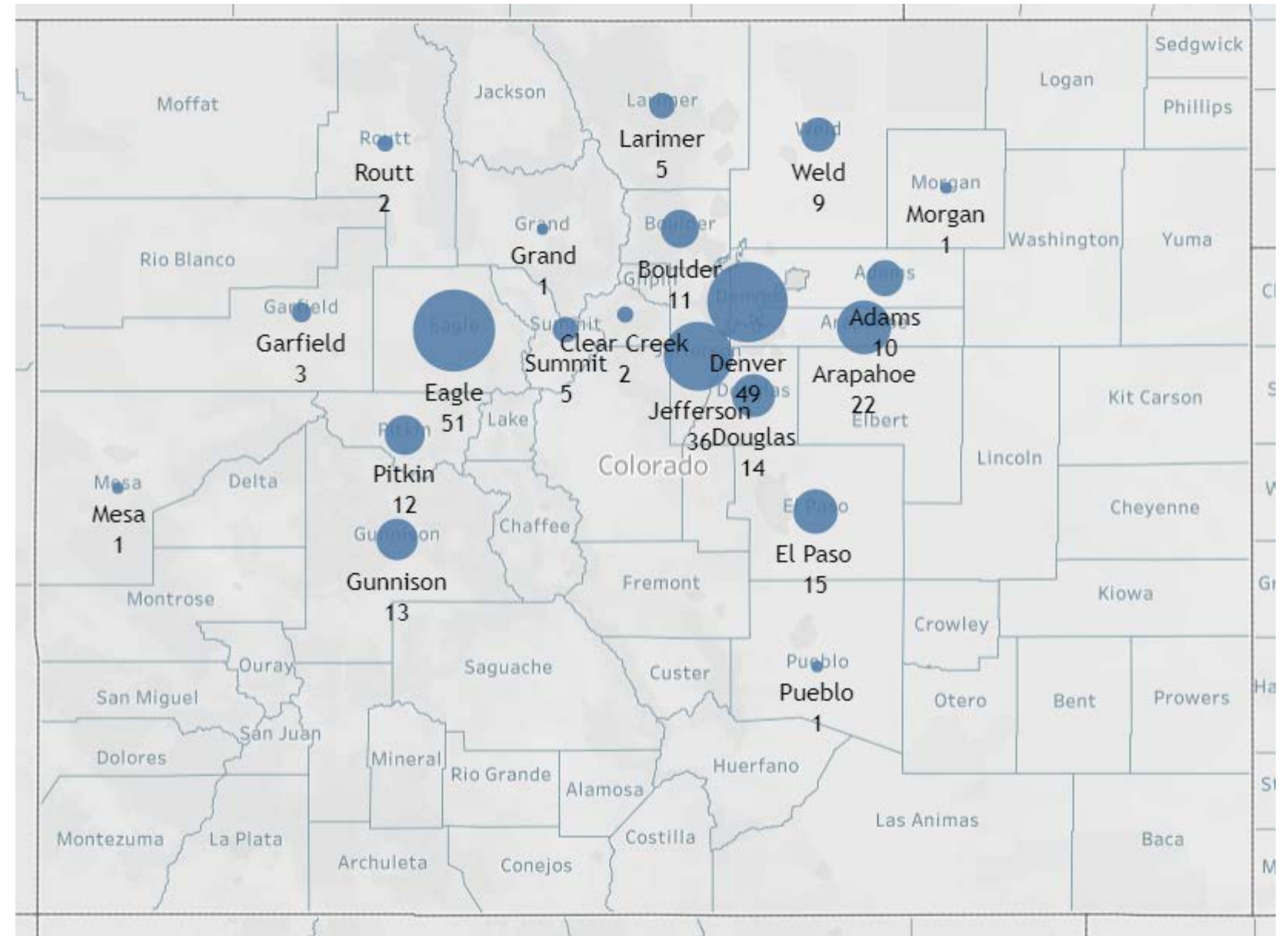
Immediate Actions

- ✓ Convene community wide discussions about priorities for the entire disability community
- ✓ Collect and “bucket” policy issues as they come up and bring them to HCPF. They have responded with remarkable speed especially given everything that is going on.
- ✓ Develop Q and A
- ✓ Host regular Zoom and Facebook chats on different topics.



General Findings

- 277 known presumptive positive cases of COVID-19 in Colorado as of March 19, 2020
 - 4 known fatalities as of March 19, 2020
- Transmission through person-to-person contact (as close as 6 feet) or by contacting surfaces contaminated with the virus
- Symptoms include fever, cough or shortness of breath, or difficulty breathing
- Individuals with serious chronic health conditions and older adults are most at risk for becoming very ill with this disease
- High hospitalization rates in young adults



Symptoms

- The main symptoms are fever, coughing, and shortness of breath, just like the flu
- CDC believes that symptoms may appear in as few as two days or as long as 14 days after exposure (5-6 days most common)
- There is no reliable way to distinguish coronavirus symptoms from symptoms caused by the common flu
 - A doctor may consider a flu test first, unless the individual has been in close contact with someone who tested positive for COVID-19
 - Close contact is within six feet of someone for a prolonged period, such as through caring for, visiting, or sharing a room with someone who has the virus and being coughed on

General Prevention

- Handwashing

- Frequently with soap and water for at least 20 seconds
- If soap and water are not available, use hand sanitizer that contains *at least 60% alcohol*

- Avoid touching your face

- Especially eyes, nose & mouth

- Cover coughs and sneezes

- Cough or sneeze into elbow
- Use a tissue
- Dispose in touchless receptacle, if possible

- Cleaning

- Frequently clean commonly touched surfaces and objects daily, like tables, countertops, light switches, doorknobs, elevator buttons, phones, handrails, cabinet handles and other surfaces using antimicrobial products

- Social Distancing

- When possible, limit contact with others as much as possible
- Discourage common visitation habits during this time
- If required, try to maintain 6 feet of distance

Changes Communicated to Date

COVID-19 Communication for CDASS Participants

1. FMS Vendors will expedite new attendant paperwork with a goal of approval within 24 hours.
2. In-person visits for Case Management assessments have been suspended. Assessments to be completed remotely.

Additional flexibility being pursued (not yet approved by CMS):

- *Paid sick time for attendants*
- *Suspension of overspending protocols*
- *Use of short-term home health for all individuals utilizing CDASS, in the event members are impacted by COVID-19*

[Link: IM 20-016](#)

Temporary Authorization of Telemedicine During COVID-19

Expanding the telemedicine policy to authorize the following:

1. Expanding the definition to include telephone only and live chat modalities.
2. Authorizing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services to bill for telemedicine visits
3. Adding specified Physical Therapy, Occupational Therapy, and Home Health, Hospice and Pediatric Behavioral Therapy services to the list of eligible interactive audiovisual telemedicine services.

[Link: Guidance](#)

Telemedicine Information for Members

- Info can be found here:
www.colorado.gov/hcpf/telemedicine
- All members are eligible to receive services via telemedicine

[Link: OM 20-019](#)

Other Guidance Issued So Far...

Case Management Agencies

Operational Changes

- [OM 20-018](#)
- [OM 20-019](#)

PASRR Changes

- [IM 20-015](#)

Critical Incident Reporting for COVID-19

- [OM 20-022](#)

Facilities and PACE

Infection Control And Prevention of COVID-19 in Nursing Homes (CMS)

- [CMS QSO-20-14-NH](#)

HCBS Providers

Long-term Care and Congregate Settings

- [OM 20-017](#)

Day Program Service Providers

- [IM 20-017](#)

HCBS Therapy Services

- [OM 20-020](#)

Guidance for Program Closures Due to COVID-19

- [OM 20-021](#)

Changes We Are Working On

Department has requested of CMS extensive modifications to the Health First Colorado program to allow the most flexibility to best serve Members during COVID-19 pandemic

Flexibility in Response to COVID-19

- **Eligibility** - requested redetermination/documentation flexibility, and self-attestation for certain criteria
- **Pharmacy** - working on early refill policy and quantity limits
- **Prior Authorization Process** - requested flexibility in PAR processes

Temporary Programmatic Levers in Response to COVID-19

- Modify Service Scope/Coverage - e.g., home delivered meals
- Exceed Service Limitations - e.g., respite care
- Expand Where Services may be provided - e.g., hotels, schools, place of residence



**What are we not
thinking of?**

**What else needs
consideration?**

Stay Engaged

Email us

HCPF_HCBS_Questions@state.co.us
covid@ccdconline.org

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Thank You!