

COVID-19 Updates

Colorado Department of Health Care Policy & Financing

May 1, 2020

Overview

Executive Director Update

- Kim Bimestefer, Executive Director, HCPF

Colorado Department of Public Health & Environment (CDPHE) Update

- Greg Schlosser, Branch Chief, CDPHE

Update from Colorado Cross Disability Coalition (CCDC) -

- Julie Reiskin, Executive Director, CCDC

Residential Strike Force Update

Service Flexibilities

Children/Youth with Complex Needs

CDASS Sick Time Form

Connect to Care

Guidance Preview & Review

- Bonnie Silva, Office of Community Living Director, HCPF

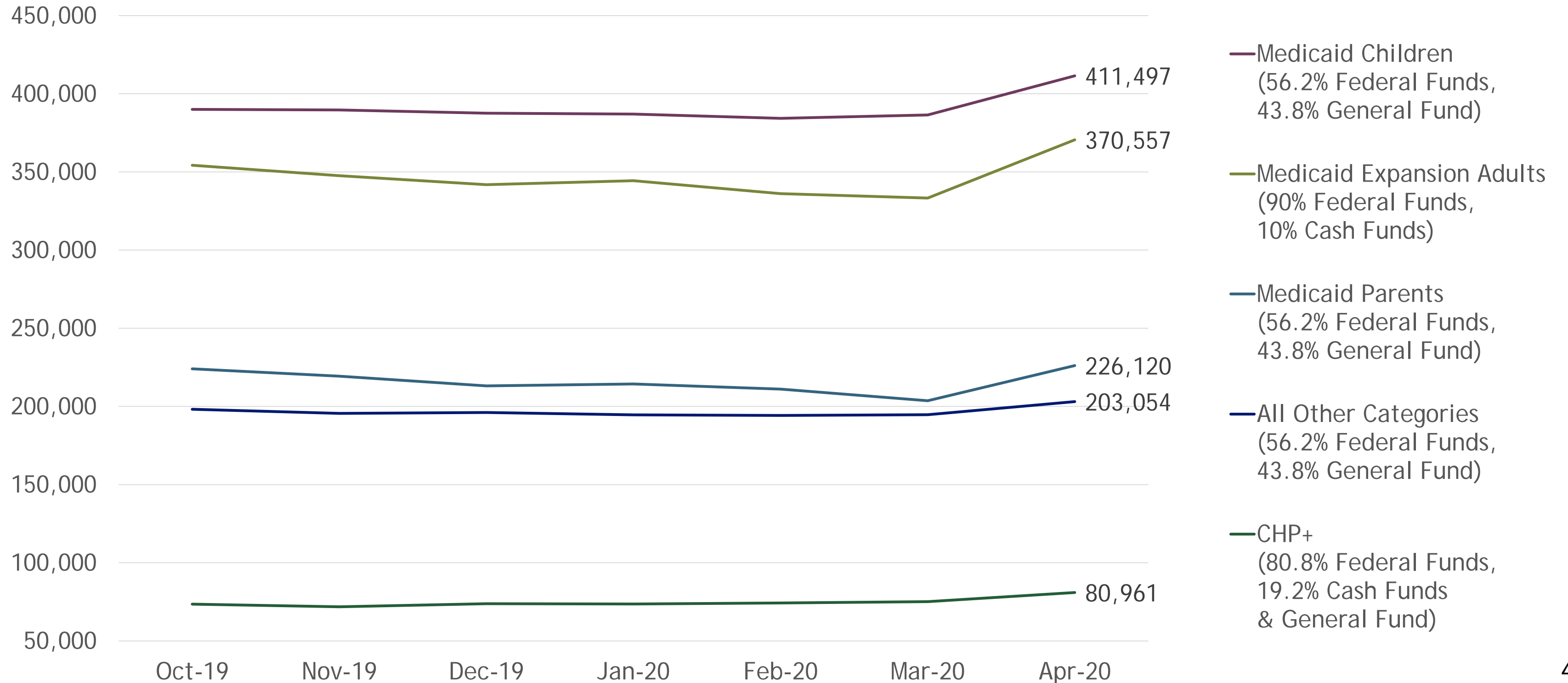
Executive Director Update

- Updated Membership Surge Forecast
- Provider Recruitment
- New Enrollee Assumptions
- FMAP by Eligibility Class
- Stimulus, Budget Discussion, Timing
- Title VII SCOTUS Decision
- Questions

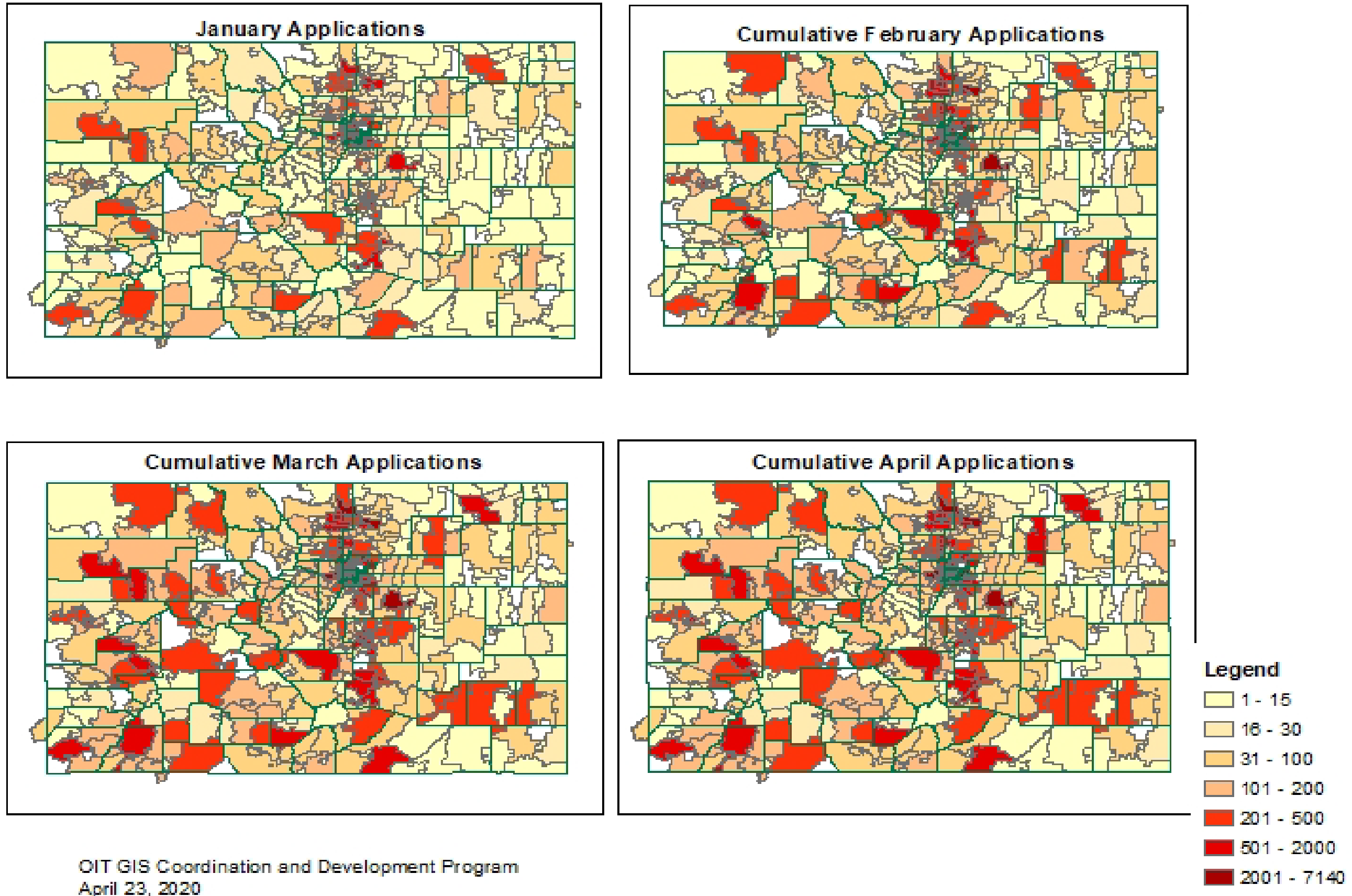
Medicaid Category Enrollment

Enrollments and composition over time

Medicaid & CHP+ Eligibility



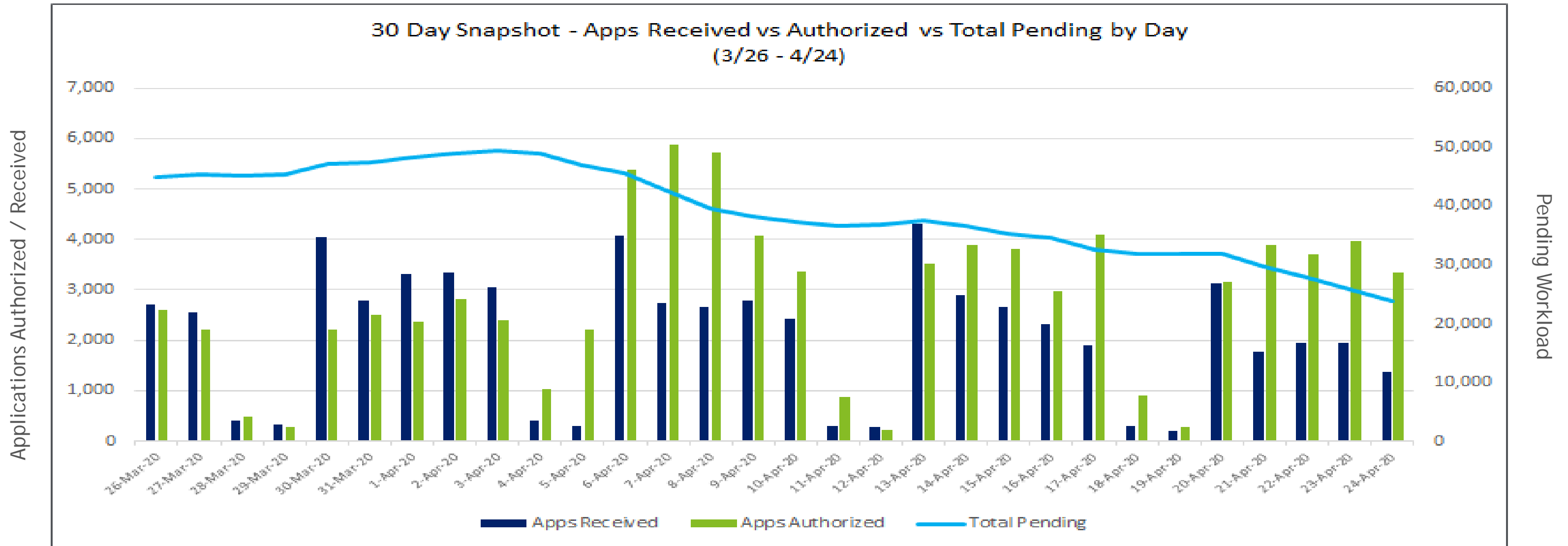
Cumulative Monthly CBMS Applications by Zip Code Submitted Jan-Mar 2020



OIT GIS Coordination and Development Program
April 23, 2020

Snapshot of Application Processing

Applications increasing; processing increasing more

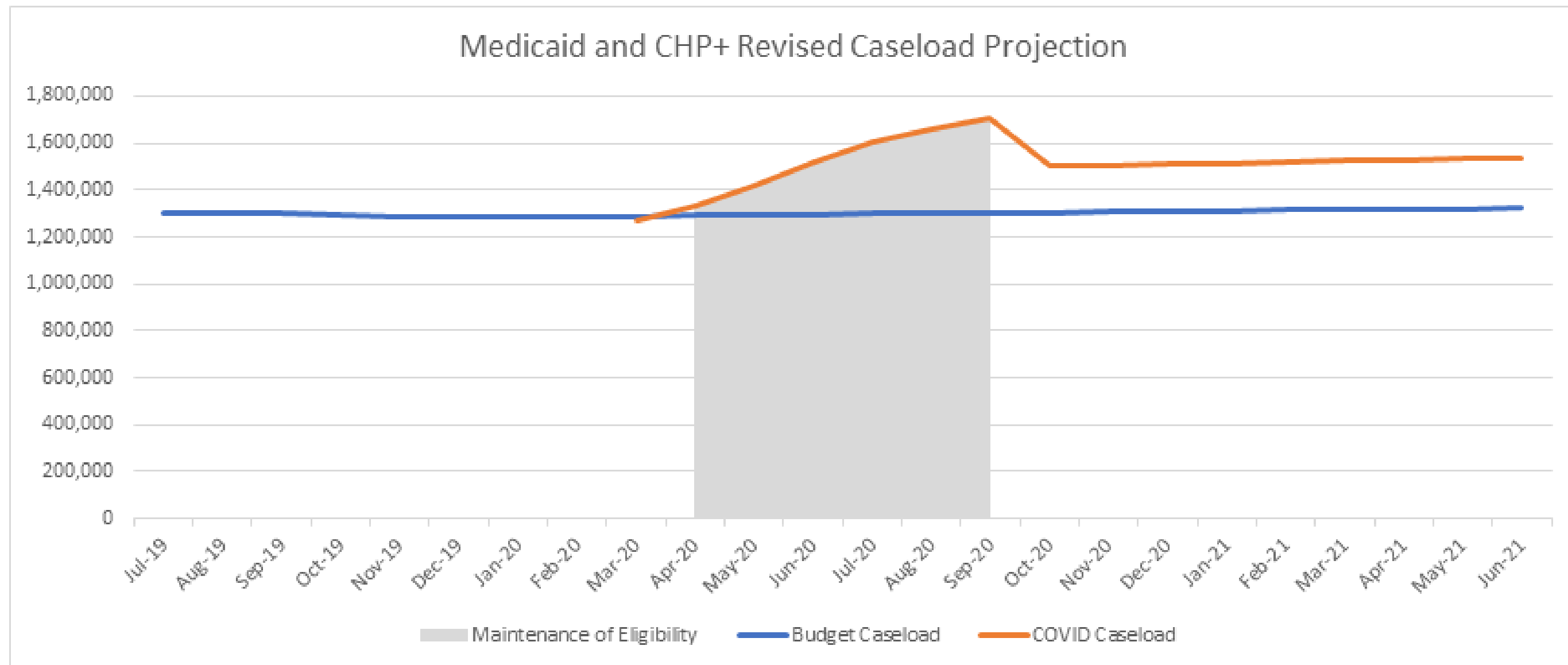


Value Definitions

- **Apps Received** - includes all applications received through PEAK and all applications started by an eligibility worker in CBMS
- **Apps Authorized** - Means a determination of eligible or denied has been made on the application
- **Total Pending** - all applications received that have not yet had a determination made
- **NOTE:** This includes both HCPF and CDHS Applications.

Updated Medicaid, CHP+ Membership Surge Forecast

- Membership surge of about 437,000 Coloradans between April 1 and September 30, reflecting a 35% increase to the 1.3M members covered in Medicaid and CHP+ as of March 2020.
- Once the public emergency period ends, we project an estimated disenrollment of 240,000 members who do not meet eligibility criteria after maintenance of effort ends.
- Net surge of 287,000 members, 23% increase during FY 2020-21 compared to March 2020.
- This net membership surge represents an increase of 243,000 members over the most recent budget forecast.



Help Us Recruit More Medicaid Providers

With a 400k expected surge in Medicaid enrollees - *coming from commercial insurance* - providers should enroll in Medicaid to protect patient share and revenue

How providers enroll with Health First Colorado (CO Medicaid)

- ☐ Click on the [Web Portal](#) button on the [Department's website](#) to begin an enrollment application
- ☐ Choose the provider type of "ordering, prescribing, or referring" for practitioners working in the hospital setting only (institutional billing), or choose "individual within a group" if the physician has a clinic NPI (professional billing)
- ☐ Need copy of the practitioner's NPI, license, SSN, address, malpractice insurance for application
- ☐ Applications can be submitted in as little as 30 minutes
- ☐ Once submitted, app processed in as few as 5 days
- ☐ Applicants will receive an email on approval or outstanding items that need to be sent
- ☐ Contact the Provider Services Call Center at 1-844-235-2387 for questions on how to complete the application
- ☐ [Our Provider Enrollment Webpage](#) for more info

New Enrollee Assumptions

- Likely coming from employer coverage without pent up demand, healthier.
- FY 2020-2021 - will cost 75% of the Acute Care costs (hospital, physician, Rx, etc.) associated with current enrollees and 44% of the overall average cost of Medicaid current enrollees (due to the absence of these new members needing HCBS services) in FY 2020-21.
- Cost is even lower in FY 2019-20 at 50% of the Acute Care cost of current enrollees and 34% of the overall average cost of Medicaid enrollees because it takes time for appointments to be made and claims to be paid for new enrollees, as explained in the comments above.

Understanding Budget Impacts: Medicaid enrollees have different funding sources

Funding Breakout

Children & Parents

Earning
<60% FPL
570,700



STATE Approximately 50% of the funding to cover children is paid for by the State General Fund which is approximately \$850,703,392.

FEDERAL The other 50% comes from federal matching funds which is approximately \$850,703,391. In addition, parents who make up to 60% of the FPL receive the same 50% matching rate to fund their coverage.

Temporary
COVID-19
Enhanced Federal
Matching*

**INCREASES
BY 6.2% TO
56.2%** of the
total cost of
coverage.

People with Disabilities

89,982



STATE Approximately 50% of the funding to cover people with disabilities is paid for by the State General Fund which is approximately \$1,317,020,268. The State also uses approximately \$51,084,502 of the Healthcare Affordability and Sustainability Fee Cash Fund's for these population.

FEDERAL The other 50% of the funding for their coverage comes from federal matching funds which is approximately \$1,368,104,770.

Temporary
COVID-19
Enhanced Federal
Matching*

**INCREASES
BY 6.2% TO
56.2%** of the
total cost of
coverage.

Adults without Children & Parents

Earning
>60% FPL
379,019



STATE No General Fund is used for these populations. The State uses approximately \$176,386,643 Healthcare Affordability and Sustainability Fee Cash Fund is used for these populations.

FEDERAL Federal funds pay 90%, approximately \$1,587,479,783, of the cost for adults without children and parents earning 60% to 133% FPL (populations coverage was expanded to under the Affordable Care Act). Hospital provider fees pay the remaining share of the funding.

**ZERO
CHANGE**
Federal funds
stay at 90%.
Enhanced
federal funds
do not apply
to these
populations.

Older Adults Age 65 & Older

48,124



STATE Approximately 50% of the funding to cover older adults is paid for by the State's General Fund which is approximately \$766,125,741.

FEDERAL The other 50% of the funding for their coverage comes from federal matching funds which is approximately \$766,125,741.

**INCREASES
BY 6.2% TO
56.2%** of the
total cost of
coverage.

For more information, visit [Colorado.gov/hcpf](https://colorado.gov/hcpf).

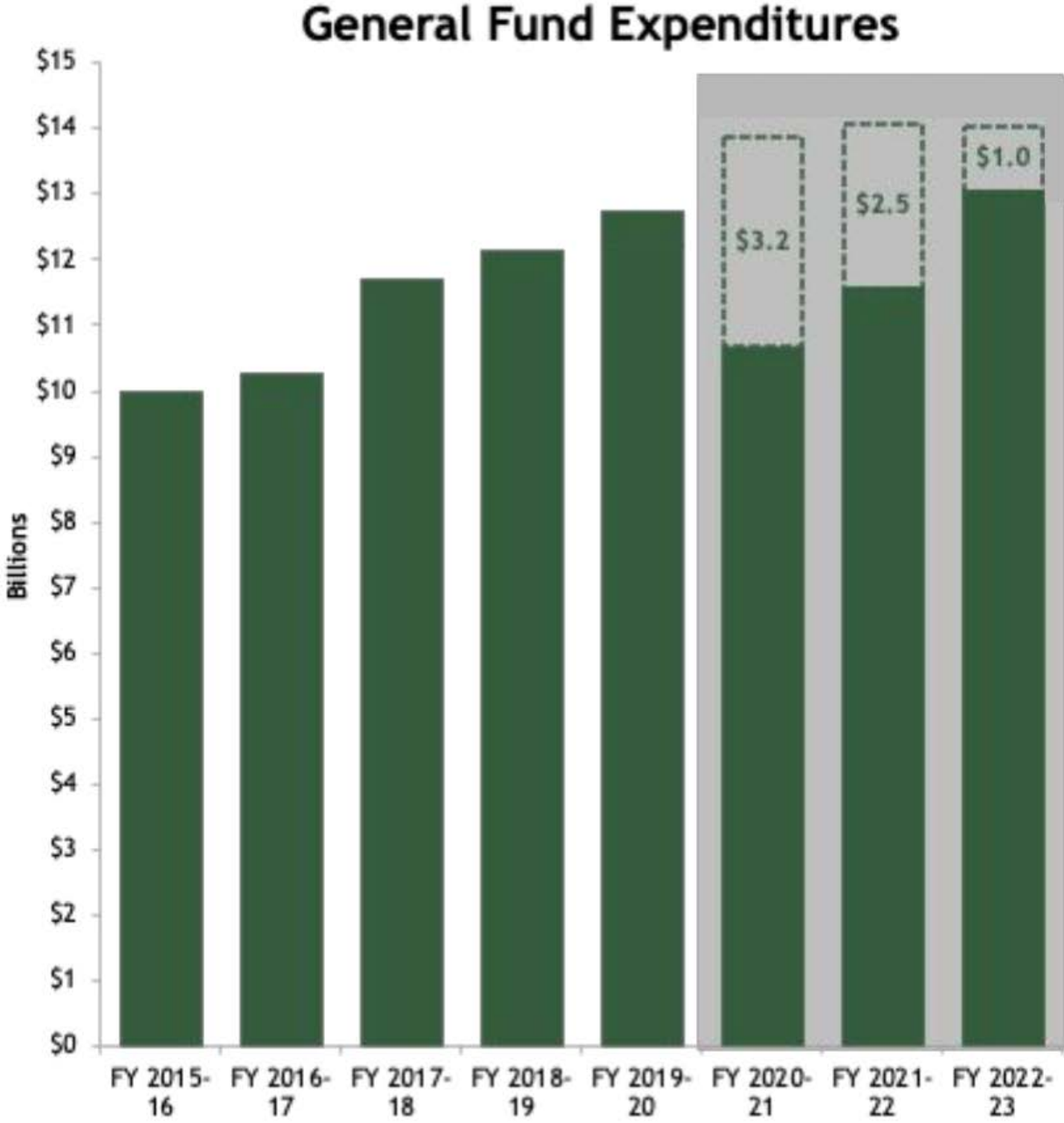
Yellow = State General Fund or other funds

Green = Federal Funding

*The duration of the national emergency is determined by the federal government.

CHP+ will also have a Temporary COVID-19 Enhanced Federal Match, federal matching rate increases to 80.84% from 76.5%.

Multi Year Fiscal Challenge



*Estimate assumes steep drop in revenue, then gradual build back.

*Estimate is very rough, and **does not** represent a forecast update.

Reversion \$\$ from HCPF

- Cost: Emergency Payments
- Cost: Maintenance of Effort for CHP+
- Savings: 6.2 points of FMAP Stimulus receive in 2019-2020 to 2020-2021
- Savings: Offsets Due to Utilization Decrease
 - Reduction in utilization due to
 - "Stay/Safer at Home" Orders
 - Patient/Consumer fear of COVID19 infection/spread

Total Reversion to General Fund HCPF Target - \$180+ Million

Recent Congressional Actions - New \$ will not be enough to address growing needs and funding shortfalls...

- \$2.3 Trillion CARES Act Passed, Families First Coronavirus Response Act Passed (6.2pt FMAP increase)
- Senate & House Passed Paycheck Protection Program and Health Care Enhancement Act ([H.R. 266](#)) - \$484B Legislation: \$75B for Hospitals, \$25B for COVID testing, replenishes \$300+B into Paycheck Protection Program, and includes additional funds to support small businesses.
- HRSA has launched a portal for providers to seek reimbursement for the care of the uninsured with COVID diagnoses. More information is available [here](#).

GOAL: Please help us secure more \$\$ for the state!

Tough Decisions Ahead

HCPF Key Considerations

- ✓ Incorporate utilization declines before budget cuts
- ✓ Protect our most vulnerable – coverage and benefits
- ✓ Budget to Consensus Membership Surge/Average Projection
- ✓ Tier Budget Cuts – as needed
- ✓ Recognize Stimulus dollar recipients & every \$1 of Medicaid GF reduction **generates a loss of roughly \$2 in Federal Funds** to the state.
- ✓ Transparent, collaborative approach – together with our partners

Executive Order: OSPB to Submit Sequestration Plan to JBC & General Assembly

- This week, Gov. Polis signed Executive Order D 2020 050, restricting spending for the current fiscal year ending June 30, 2020. The Executive Order directs the Office of State Planning and Budgeting (OSPB) to submit the sequestration plan outlined in the Executive Order to the Joint Budget Committee and General Assembly.
- The sequestration plan set out in the Executive Order D2020 050 is a targeted and practical approach to reduce spending quickly by \$228.7 million to attempt to maintain the statutory reserve requirements directed by statute. It builds on OSPB's Guidance for Fiscal Conservation issued March 30, 2020 and does not rely on broad across-the-board cuts but rather specific line item reductions that can be made with the least possible impact to State programs and services. Importantly, the Executive Order does not mandate any furloughs or layoffs for State employees this fiscal year, and we want to ensure we have a strong, stable State workforce as we manage the challenges presented by the COVID-19 pandemic.
- Read the full Executive Order and OSPB plan [here](#).

Executive Order: Additional Funds to Nursing Homes

- Governor Polis also signed [Executive Order D 2020 054](#), directing the Department of Health Care Policy and Financing to provide additional funds to nursing homes and other congregate care facilities in response to COVID-19.

Timing – What's Next

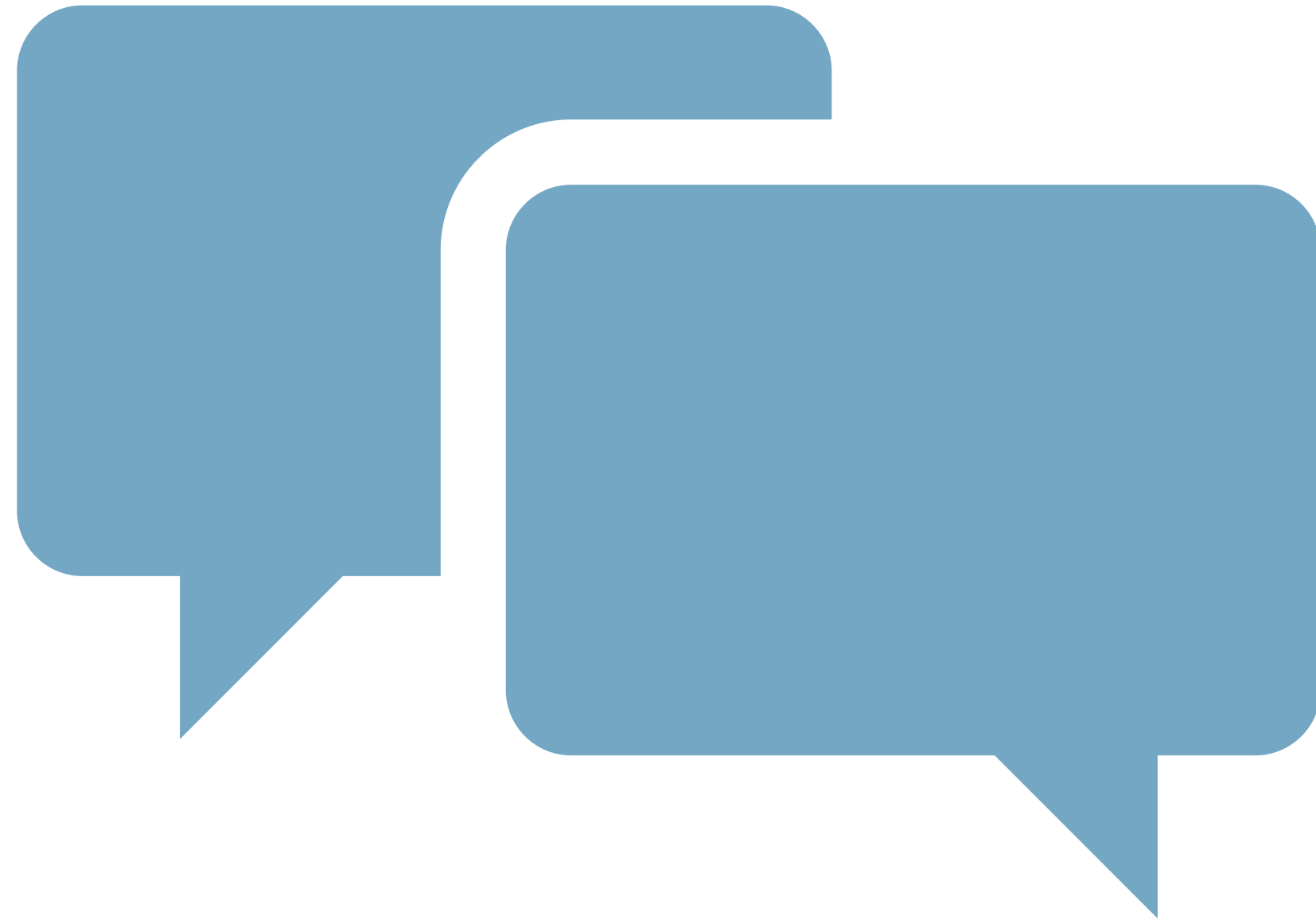
- Difficult legislative decisions ahead
- Joint Budget Committee to start meeting on Monday, May 4 to consider changes to address projected shortfalls
- Updated revenue forecast scheduled for May 12, 2020
- General Assembly expected to reconvene and start on the Long Bill in the House the week of May 18, 2020
- Budget must be passed and signed into law by June 30, 2020
- As they become available, HCPF will post our projections, fact sheets and overviews on [Colorado.gov/hcpf/legislator-resource-center](https://colorado.gov/hcpf/legislator-resource-center)

Other HCPF Executive Director Updates

- HCPF service centers are still running at target performance
- Elective Procedures are beginning this week and next
 - PPE - Collaborate/Help Nursing Homes, ALFs as a priority
 - Help us understand emerging volume against limits (50/80%)
- Congregant Settings Strike Force (NH, ALF, Host Homes, Other)
- Alternate Care Sites Update
- Other

SCOTUS Pending Decision on Title VII

- On April 22, 2019, the US Supreme Court agreed to hear three cases testing the reach of Title VII of the federal Civil Rights Act in protecting LGBTQ Americans from discrimination in employment.
- The cases included *Altitude Express v. Zarda*, *Bostock v. Clay County, Georgia*, and *R.G. & G.R. Harris Funeral Homes v. EEOC and Aimee Stephens*.
- The Court heard oral arguments on all three cases on October 8, 2019 and is expected to announce a decision on the case in the near future.
- Seeking your collaboration.



Questions for Kim?



COLORADO
Department of Public
Health & Environment

Update

- State Emergency Operations Center (SEOC)
- Survey Priorities
- Isolation Plan Submissions
- [HEMSD COVID-19 Blog](#)

Colorado Cross-Disability Coalition

www.ccdonline.org
covid@ccdonline.org

Weekly Webinars and chat spaces
Opportunities for engagement
Individual Advocacy including appeals

“Nothing About Us Without Us.”



COLORADO
CROSS-DISABILITY
COALITION

Proposed Budget Cuts

Cuts

- Dental moves from \$1500 a year to \$1000 a year
- No rate increases and a few reductions (anesthesia, in-home dialysis, and DME to Medicare)
- No Community First Choice
- Increased co-payment
- Utilization Management for IHSS and CDASS

Not cut

- Eligibility
- Long-term services and supports
- Most rates
- Medical care other than dental
- Mental health

Safer at home - worker protections



[https://covid19.colorado.gov/sites/covid19/files/FAQs-
CDLE-042720.pdf](https://covid19.colorado.gov/sites/covid19/files/FAQs-CDLE-042720.pdf)

Progress Made

- Sick time for CDASS
- Small increase for all HCBS providers during pandemic
- Strike Team
- Pilot Project for Nursing Facility Transition planning
- Direction on direct respite and individual day programs
- PPE finally getting out



Next Steps

- Watch the budget process
- Continue to advocate on federal level for 12% FMAP
- Prioritize reinstatement of most urgently needed services such as respite
- Vulnerable people should continue to shelter in place
- Look at what we like (telemedicine) and keep doing it

Residential Settings Strike Force Update

Strategy	Key Actions (next 2-3 weeks)
Testing for Disease Presence	<ul style="list-style-type: none"> ➤ Deploy strategic testing to decrease asymptomatic spread ➤ Require Symptom Monitoring where cohorting or no COVID+ ➤ Deploy Rapid Response Team for positive or presumed cases
Personal Protective Equipment	<ul style="list-style-type: none"> ➤ Identify and document PPE shortages ➤ Move distribution of PPE for these settings to the state
Cohorting & Facility Isolation	<ul style="list-style-type: none"> ➤ Issue aggressive guidance on cohorting ➤ Develop metrics for effective monitoring ➤ Create COVID+ only facilities
Enforcement & Education	<ul style="list-style-type: none"> ➤ Document, distribute, and monitor use of best practices for infection control ➤ Increase enforcement ➤ Develop infection control/TA within Rapid Response Team
Staffing Implementation Plan	<ul style="list-style-type: none"> ➤ Develop and implement IT solution to connect providers with staff ➤ Issue cross-agency guidance on staffing flexibility

Flexibility in Service Delivery

What CAN You Do?

Service Providers are allowed and encouraged to continue to provide services in alternative locations and/or use technology to ensure continuity of service to meet the member's needs. When needed services may be provided face to face.

Examples:

- **Respite:** Have a respite provider take a single member on a drive to get out of the house or stay with the member at home while the family takes a drive
- **Movement Therapy:** May be provided via video conferencing
- **Community Connector:** Services may be provided by legally responsible person, i.e., parent

[Link: OM 20-046](#)

Children/Youth with Complex Needs

- Working with Department of Education, providing resources and technical assistance (TA)
- Case management trainings ([April 7](#) and [April 8](#), 2020), FAQs and ongoing TA
- Arc hosting brainstorming session, HCPF joining
- Providing direct assistance with provider enrollment and expedite where possible for interested providers

JFK Partners [Resource List Specific for Individuals with I/DD and ASD and their Families](#)

Parents Ask the Providers: [Transition to Home During COVID-19](#) (JFK Partners free webinar)

**Wednesday, May 6, 2020
8-9 PM MST**

Email Michele Craig with additional resources to share:

Michele.Craig@state.co.us

CDASS Sick Time – REQUEST FORM



Temporary Sick Time Request Consumer Direct Attendant Support Services (CDASS)

Member Information:		
Last Name:	First Name:	Medicaid ID#:
Phone:	Email:	
Authorized Representative Information:		
Last Name:	First Name:	EIN:
Phone:	Email:	
Attendant Information:		
Last Name:	First Name:	
Phone:	Email:	
Date of Request:	FMS Vendor:	
Rate of Pay:	Hours Requested:	
Start Date:	End Date:	
Affidavit:		
<p>I _____, am requesting sick time for the listed attendant. I agree that I will follow instructions from my FMS Vendor to track sick hours for the attendant. I agree to contact my FMS Vendor in the event of any changes related to this sick time request. I understand that this request is temporary. Attendants will be paid at a standard rate that is already established with the FMS vendor. I understand that sick time authorized will be paid from my CDASS allocation, and that the total hours paid for services must be less than the 129.99% utilization cap. In the event that I have insufficient reserves in my allocation, my request for sick time will be denied.</p> <p>I attest that the request for sick time is used for one of the following purposes: (1) to pay a regularly scheduled attendant with flu-like symptoms who is being tested for Coronavirus COVID-19, or (2) to pay a regularly scheduled attendant who tests positive for Coronavirus COVID-19</p> <p>Approval of sick time is temporary and limited to the duration of the State of Disaster Emergency declaration or the length of the Department's approved Appendix K waiver per 42 U.S.C. Ch. 7, § 1396n §§ 1915(c).</p>		

- Form available on 2020 Memo Series webpage:
www.colorado.gov/hcpf/2020-memo-series-communications

2020 Operational Memos

Operational Memo - detailed instructions and/or clarifications to contracted entities and county partners to operationalize a new or existing state and/or federal law, new or existing state and/or federal rule, or Department policy.

2020 Operational Memos

Memo #	Memo Title	Issue Date	Audience	Keywords	Links & Attachments
OM 20-049	Updates: Case Management Additional Operational Changes in Response to COVID-19 Professional Medical Information Page (PMIP)	4/23/2020	Case Management Agencies (CMAs)	COVID-19, Coronavirus, Case Management, Functional Eligibility Assessment, Level of Care, ULTC 100.2, Professional Medical Information Page	None
OM 20-048	Updated: Changes to Benefits and Services Rates in Response to COVID-19	4/23/2020	Providers & Case Management Agencies (CMAs)	COVID-19, Coronavirus, Benefits and Services, Home and Community Based Services, CDASS, IHAA, GRSS, IRSS, Residential Habilitation, Personal Care, Homemaker, Rate Increases, PETI, ACF, SLP, TLP	None
OM 20-047	<u>COVID-19 Communications for CDASS Participants Regarding Sick Time</u>	4/23/2020	Consumer Directed Attendant Support Services (CDASS) Participants & Case Management Agencies (CMAs)	COVID-19, CDASS, Sick Time	Temporary Sick Time Request
OM 20-046	Updated: Changes to Benefits and Services in Response to COVID-19	4/23/2020	Providers & Case Management Agencies	COVID-19, Coronavirus, Benefits and Services, Home and Community Based Services, CDASS, Case Management	None
			Single Entry	COVID-19, Coronavirus, Case	

[Link: OM 20-047](#)

Announcement - Connect to Care

Site specifically tailored for long term care staffing

Matches healthcare workers seeking employment with employers

Will launch first for nursing facilities, assisted living and residential care facilities

Future capability for hospitals, home care, direct support professionals, personal care attendants (self-directed), hospice and home health

New Guidance Coming



- Rates for SNF/ICF
- Transition coordination activities during COVID-19 pandemic
- Options counseling during COVID-19 pandemic
- Resuming day programs
- The handling of federal COVID-19 stimulus payments

All COVID-19 related Memos can be found here: www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response

Previous Guidance

Case Management Agencies

Operational Changes

- [OM 20-049](#)
- [OM 20-027](#)
- [OM 20-034](#)
- [OM 20-037](#)
- [OM 20-045](#)

PASRR Changes

- [OM 20-043](#)

Critical Incident Reporting for COVID-19

- [OM 20-044](#)

Facilities and PACE

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

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

Telemedicine in Nursing Facilities

- [OM 20-032](#)

Training & Certification

- [OM 20-038](#)

HCBS Providers

Long-term Care and Congregate Settings

- [OM 20-017](#)

HCBS Therapy Services

- [OM 20-020](#)

Guidance for Class B Providers

- [OM 20-023](#)

Changes to Benefits & Services (Table)

- [OM 20-046](#)

Telemedicine

- [Temporary Policy](#)

Non-medical Transportation

- [OM 20-031](#)

Residential Guidance

- [OM 20-035](#)

Host Home Inspections

- [OM 20-036](#)

Retainer Payments

- [OM 20-039](#)

CDASS Sick Time

- [OM 20-047](#)

Changes to Benefits & Services Rates (Table)

- [OM 20-048](#)

All COVID-19 and LTSS related memos can be found here:

www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response



New Questions?

Stay Engaged

Memos, Webinar Info, and FAQs - Updated Regularly

www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response

Email us

HCPF_HCBS_Questions@state.co.us

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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

Reminder: Personal Protective Equipment

If you or your organization are experiencing a shortage or outage of personal protective equipment (masks, gloves, gowns, etc.) to conduct essential or life saving functions during this crisis, please reach out to your **local emergency manager** or **local public health department**.

[Find Your Local Community Emergency Manager](#)
[Find Your Local Public Health Department](#)

To report issues in
obtaining PPE please
notify:

Sadie Martinez
Access and Functional Needs
Coordinator
Office of Emergency Management
720.610.1691
sadie.martinez@state.co.us

Next Steps

Thank You!