

COVID-19 Updates

Colorado Department of
Health Care Policy & Financing

May 15, 2020

Overview

Executive Director Update

- Kim Bimestefer, Executive Director, HCPF

Colorado Cross-Disability Coalition (CCDC) Update

- Julie Reiskin, Executive Director

Colorado Department of Public Health & Environment (CDPHE) Update

- Greg Schlosser, Branch Chief, CDPHE

Promising Practices New Guidance

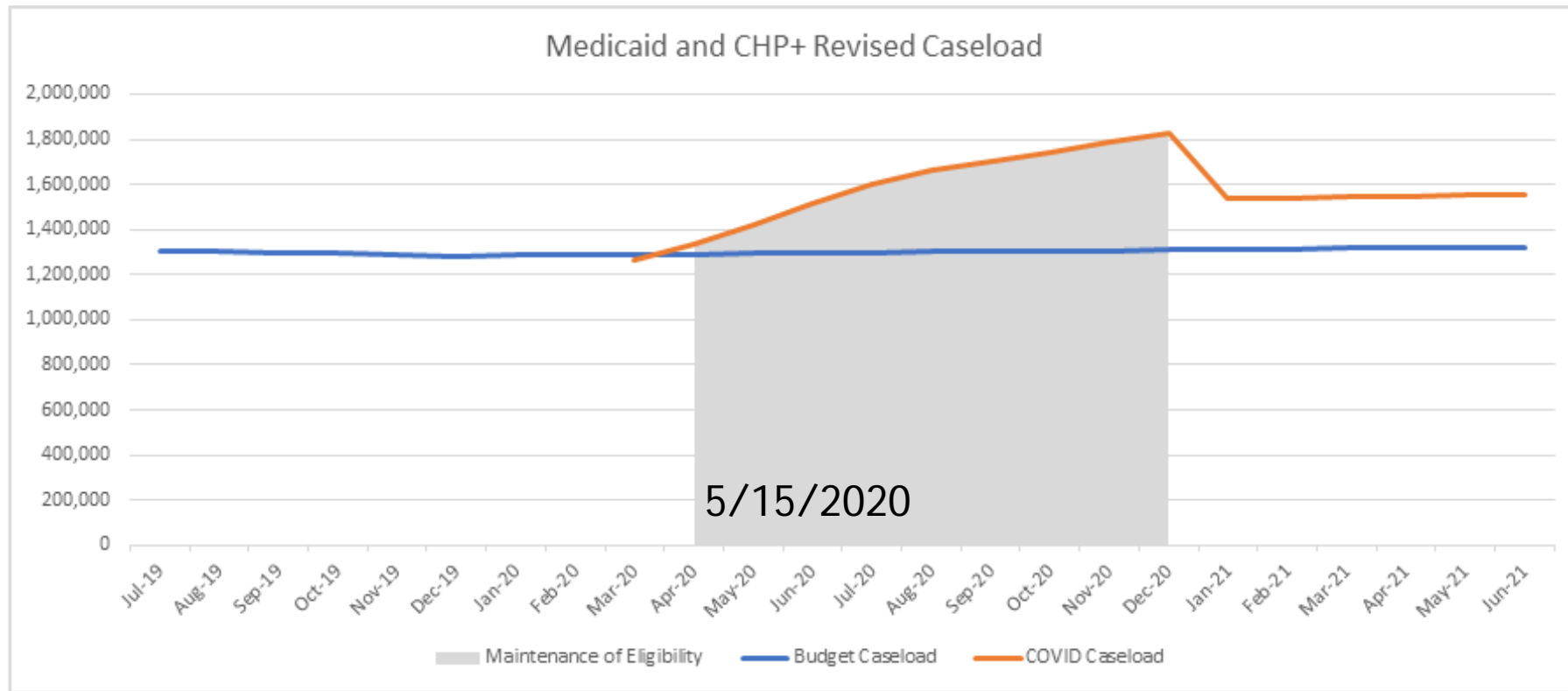
- Bonnie Silva, Office of Community Living Director, HCPF

HCPF Executive Director Update

- Eligibility and Membership Surge
- Messaging Help on Program Enrollment
- Budget Status & New Revenue Forecast

No Change: Medicaid, CHP+ Membership Surge Forecast

- Membership surge of about 563,000 Coloradans between April 1 and December 31, reflecting a 44% increase to the 1.3M members covered in Medicaid and CHP+ as of March 2020. (OSPb adjusted assumed Emergency period)
- The maintenance of effort ends with the public emergency period (now presumed 12/31/2020). We project an **estimated disenrollment of 332,000** members who do not meet eligibility criteria 12/31/2020.
- **Net surge of 368,000** members, 29% increase, FY 2020-21 compared to March 2020.



Continuous Enrollment Impact

	New Members	Disenrolled Members	Locked-in (disenrolled)	Locked-in (lower category)	Net Change in enrollment	Total enrollment (MA)	COVID-19 Testing Only
January	34,280	38,456	0	0		1,259,666	
February	25,375	34,234	0	0	-8,915	1,250,751	
March	29,689	42,333	0	0	-12,591	1,238,160	
April	34,477	7,021	47,317	4163	27,454	1,265,614	139
May	10,163	9,288	48,851	8816	871	1,266,485	71

New Member: Members who started receiving MA benefits in that month, and who were not eligible the previous month

Disenrolled: Members who terminated *as of the end of previous month* (Members are locked in the first of the month after their benefits would have ended)

Locked-in (disenrolled): Members who would have been disenrolled at the end of the previous month, but were locked-in their MA benefit due to Maintenance of Effort (MOE)

Locked-in (lower category): Members who would have switched to a lower MA benefit, but were locked in due to Maintenance of Effort (MOE)

Net Change: Net change in Total Enrollment compared to previous month

Total Enrollment (MA): Total unique members eligible and receiving Medical Assistance benefits

COVID-19 Testing Only: Members eligible for COVID-19 testing benefit only. NOTE: As of 5/13/2020. April includes March numbers

Help us spread the word

We Are
Here for
You,
Colorado

Getting Health Care Coverage Through Health First Colorado and Child Health Plan Plus

The economic downturn caused by the COVID19 pandemic is having a significant impact on many Coloradans. Many have lost their jobs -- and along with that -- their employer-sponsored health benefits. During this pandemic -- which is creating both health risk and increased stress and anxiety -- it is especially important for all Coloradans to have health care coverage. **When it comes to health coverage, the State may be able to help.** Specifically, you may be eligible for health coverage options available through the Colorado Department of Health Care Policy and Financing or Connect of Health Colorado, the State's individual marketplace exchange.

Health First Colorado (Colorado's Medicaid program) & Child Health Plan *Plus* (CHP+)

The Colorado Department of Health Care Policy and Financing offers Health First Colorado and Child Health Plan *Plus*. Both are public health insurance programs available to Coloradans who qualify. Below is some basic information on how you can find out if you qualify and what benefits are covered.



Resource Available at
[Colorado.gov/hcpf/COVID](https://colorado.gov/hcpf/COVID)

Budget Timing and Outcomes

- Difficult budget decisions in process.
- May 6, JBC Analyst reviewed possible HCPF budget cuts. JBC approved approximately \$201M TF, \$102M GF HCPF reductions. JBC tabled items totaling over \$270M TF.
- May 11 - OSPB/Administration presented "comebacks" to JBC
- May 12 - Updated from March, revenue forecast shortfall increased from \$3.2B to \$3.4B for 2020-2021 FY. Increases to \$4.9B for FY 2021-2022
- May 14 - JBC Analyst presented cuts against to JBC. Additional \$67M TF, \$19M GF cuts approved. Approximately \$180 million TF in additional cuts tabled, with action expected later this week or early next week.
- JBC asked the Department to come back with additional cut options.
- Budget cut process will likely be iterative.

Examples of 5/14 JBC Budget Decisions

- Reduced dental benefit from \$1500 to \$1000
- Approved PACE 2.37% rate cut, as an alternative to PACE enrollee freeze
- Delayed Inpatient Residential SUD benefit 6 months
- Rejected add'l HCPF member service & compliance staff (44%+ mbr growth)
- Tabled hospital rate cut. Comeback due COB Monday (CHA collaboration)

Budget Further Timeline

- General Assembly expected to reconvene and start on the Long Bill in the House the week of May 25
- Budget must be passed and signed into law by June 30
- 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)
- JBC Documents: <http://leg.colorado.gov/content/budget>
- JBC Schedule: http://leg.colorado.gov/jbc_schedule
- JBC Audio: <http://leg.colorado.gov/committee/granicus/929571>

Additional Federal \$'s Needed for States



COLORADO
Governor Jared Polis

FOR IMMEDIATE RELEASE

Tuesday, May 12, 2020

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Western States Pact Urges \$1 trillion in Federal Support for States and Cities Responding to COVID-19 Pandemic

Gov. Polis, Democratic legislative leaders join call for support

DENVER - In a letter to Congressional leadership, governors and legislative leaders from five western states requested \$1 trillion in direct and flexible relief to states and local governments in the wake of the COVID-19 pandemic in order to preserve core government services like public health, public safety and public education, and help people get back to work.

"There is no time to waste and we can overcome the widespread economic pain caused by the COVID-19 pandemic, together. I urge Congress to quickly take up and pass a new stimulus package to provide relief to Colorado's communities hit hard by the COVID-19 pandemic. A robust, flexible federal response to this pandemic is critical to our state's recovery and our country as a whole," said Gov. Polis.

"Without additional flexible aid from the federal government, our state will be forced to make the deepest budget cuts we have ever seen. Congress must help our communities, both big and small, avoid the devastating impacts of these cuts," said Speaker Becker, D-Boulder. "These cuts would hurt vulnerable populations and further impact our already underfunded schools and institutions of higher education, which still haven't recovered from the last recession. We are going to prioritize education and critical public health and safety programs as we work to ease how painful this budget may be, but without federal support there's only so much we can do."

"States all over the country have been devastated by coronavirus with thousands of lives lost and millions suffering from unemployment. But these are just the immediate impacts. The longer, more insidious effects of the pandemic will ripple out for years to come, as state infrastructure crumbles from lack of funding," said Senate President Leroy Garcia, D-Pueblo. "We need the Federal Government to step up and provide immediate relief to state and local governments or millions more will suffer as essential services are eroded. Coloradans are deeply resilient people, and I know that with the right help we can get through this together."



COLORADO
Department of Health Care
Policy & Financing

Colorado Cross-Disability Coalition

www.ccdonline.org
covid@ccdonline.org

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



COLORADO
CROSS-DISABILITY
COALITION

"Nothing About Us Without Us."

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

#MoreRevenueCO

Ongoing budget issues



"Nothing About Us Without Us."

Types of Emergencies

- Currently we are under all types
- This is a public health emergency
- Section 1135 of the Social Security Act is what allows for Medicaid (and other) waivers.
- Until termination of public health emergency

FMAP bump is through Families First Legislation and ends the last calendar day in the quarter that the emergency ends.



Federal

**President
declares**

**FEMA/
Homeland
Security**

Stafford Act



Federal

**HHS
Secretary
declares**

**Public
Health
Services 319**

SSA 1135



State

**Governor
Declares**

**Local
jurisdictions
can also
declare
emergencies**

Next Steps

- Watch the budget process
- Advocate for emergency relief
- Continue to advocate on federal level for 12% FMAP-
 - Heroes bill introduced in House raises FMAP to 14% and goes through July of 2021
- 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



COLORADO
Department of Public
Health & Environment

Update

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



COLORADO
Department of Health Care
Policy & Financing

Promising Practices Delivering Services

Having a provider go to a home (but not inside) and take the member on a walk is working really well. Both provider and the member wear masks and maintain appropriate social distance.

Working closely with behavioral providers to help with new anxieties and help with compliance for wearing a mask and other new requirements. Often done as a group, peer interaction helps members connect about their fears and work through things together.

Offering a mix of virtual and in person services. The schedule is individualized and based on what the member/family is comfortable with. This could be two days of in person services and three days of virtual. Or two hours of in person and three hours of virtual. The variety and flexibility is key.

Providing basic training to members and families on how to use technology, This may be a video or over the phone TA.

Promising Practices

Case Management

CMs can complete work virtually which means they aren't traveling for meetings and this has given them valuable time back in their workday to support individuals & families on their caseloads.

Flexibility to allow meetings to take place via phone or video has meant that CMs are more quickly able to schedule IDT meetings with teams to figure out ways to best support the individual in services, creating so much efficiency for teams.

We have been able to move people through the intake & enrollment process much quicker not having to obtain the PMIP.

Virtual meetings have allowed some individuals to participate more in meetings and share more than the families would have anticipated - which has been so meaningful for all involved.

Frequent communication to families with updates as they come out. Oftentimes the communication is just to check in and let families know there are no updates.

Promising Practices Respite

Reached out early to direct care professionals to see who would be interested in providing respite. This includes host home providers.

Conducted analysis at the beginning of the year to create a backup respite plan for all members.

Created a respite plan for all Family Caregivers and Host Home providers.

Utilizing Day Program and other staff with capacity for other services such as respite or Supported Community Connector.

Promising Practices

Individual Stories

An individual receiving SLS services has thrived in her participation with virtual day program services and the Zoom social hangouts that her day program has provided during COVID-19. She looks forward to the virtual services and has a comfort level with her services that she has not fully experienced before. She thrives in this setting!

An individual receiving DD waiver services has reported to his CM that he enjoyed the virtual monitoring and IDT meeting. He typically has anxiety around face to face meetings, regardless of the location of the meeting and he has found a new sense of comfort and rapport with his case manager with the option to leverage technology to connect with his CM.

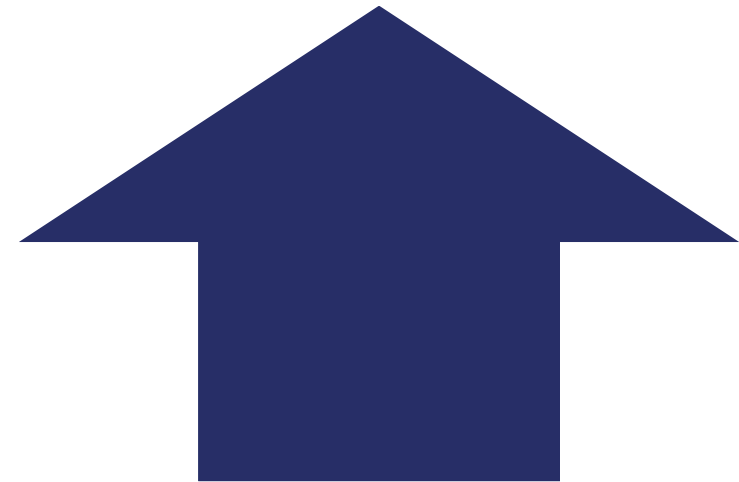
We had a customer who would barely participate in his meeting each year. This year on his Teams meeting(telehealth), he became the shining star of the show. He got in front of the camera and told his team about his love for technology! The team was shocked at his participation; he answered questions and gave input through the entire meeting. The SC stated, "It was a joy to see him bloom!"




Regulation



Human
Element



New Guidance Issued

 [OM 20-055](#)
[OM 20-056](#)
[OM 20-057](#)
[OM 20-058](#)
[OM 20-059](#)
[IM 20-021](#)

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

OM 20-055

TITLE: COVID-19 GUIDANCE FOR NEMT PROVIDERS

In order to prevent the spread of COVID-19 to those who may be at increased risk, the Department is implementing temporary requirements for NEMT providers:

- NEMT **drivers shall wear face coverings** that meet the recommendations set forth by the CDC.
- NEMT rides shall be limited to **one member per vehicle**. An exception to this requirement exists if the **member requires an escort**.
- NEMT Drivers **shall use disinfectant wipes** on areas and objects in the vehicle that may have come into contact by previous riders prior to picking up any subsequent ride.
- NEMT Drivers **shall follow basic hygienic steps** - washing hands, avoiding close contact with those who are sick, avoid face touching, covering coughs and sneezes, cleaning and disinfecting surfaces, using hand sanitizer when necessary.
 - Have tissues and hand sanitizer available in vehicles for passengers and drivers

[Link: OM 20-055](#)

OM 20-056

TITLE: TARGETED CASE MANAGEMENT-TRANSITION COORDINATION (TCM-TC) GUIDANCE FOR TRANSITION COORDINATION ACTIVITIES DURING COVID-19 PANDEMIC

- Provides guidance, specific to Targeted Case Management - Transition Coordination (TCM-TC), on the federal requirement that states maintain program eligibility for all members enrolled on March 18, 2020 through the end of the month in which the public health emergency ends
- Outlines communication and signature modality adjustments and administrative timelines
- Overview of housing voucher process and housing navigation collaborative activities
- Lists criteria for determining if a discharge can occur and steps for implementing a discharge
- Summarizes post-discharge monitoring requirements

[Link: OM 20-056](#)

OM 20-057

TITLE: DAY PROGRAM SERVICE OPERATIONS UNDER COVID-19 SAFER AT HOME ORDER

Informs Day Program Service Providers and Case Management Agencies of required provisions in the resumption of Day Program Services in a congregate setting. Applies to:

- Adult Day Services
 - Day Habilitation
 - Day Treatment for the Brain Injury Waiver
 - Prevocational Services
 - Supported Employment - Group
- Effective May 11, 2020, Day Program providers may begin to provide services in their setting for those members who are not considered part of the “Vulnerable Population” defined in the Safer at Home order
 - Must comply with Local Ordinances and Variances, the Safer at Home Order, and the following requirements on the following slide

It should be noted that Day Program Services are not deemed an “Essential Activity” per the Safer-at-Home order

[Link: OM 20-057](#)

OM 20-057

TITLE: DAY PROGRAM SERVICE OPERATIONS UNDER COVID-19 SAFER AT HOME ORDER

- Members considered “Vulnerable” may not attend. This includes individuals:
 - ✓ Who are 65 years and older
 - ✓ With chronic lung disease or moderate to severe asthma
 - ✓ Who have serious heart conditions or 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.
- No more than 10 people in the setting at a time is permitted - Members + Staff
- Must keep 6 feet of physical distance between all people at all times.
- Staff and members always wear a mask or face covering - medical or cloth
- Transportation for Members must be safe and include social distancing. For NMT, only one member in vehicle at a time per [OM 20-031](#)
- Prior to entry into the setting, providers should conduct limited health screening of members and staff.
- Screening should include screening for cough, shortness of breath, muscle aches, sore throat, chills and taking a member’s temperature.
- Any reading 100 degrees or higher and/or report or evidence of symptoms should be considered a failed screen and the member or staff should contact their physician for further guidance
- All Day Program providers will follow appropriate facility cleaning methods as outlined by CDPHE.
- Cleaning must occur throughout the day

[Link: OM 20-057](#)

OM 20-058

TITLE: COUNTY ADMINISTRATION EXPENDITURES DURING COVID-19

- Additional FMAP from Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act is **not related to administrative expenditures** to run state Medicaid programs
 - FFCRA or CARES Act did not include an increase in Federal Financial Participation (FFP), which is the federal government's share of administrative expenses to run each state's Medicaid program
- Based on federal action taken in the FFCRA, there should be no change to each county's current process for coding Medical Assistance-related expenditures in the County Financial Management System (CFMS).
- Enhanced FFP continues to be available for eligible expenditures as found in the [Department's Agency Letter 15-006](#).

[Link: OM 20-058](#)

OM 20-059

TITLE: OPERATIONAL MEMO FOR PROVIDER-OWNED RESIDENTIAL SETTINGS REGARDING THE HANDLING OF FEDERAL COVID-19 STIMULUS PAYMENTS

- ❖ The economic stimulus is considered an advance payment of a refundable federal tax credit and is **not countable income** for the purposes LTC/HCBS Medicaid eligibility and will not be a countable resource for 12 months

Impacts on Patient Payments

SNFs and ICF-IIDs:

- Stimulus payments shall not be considered in calculating patient payments.
- Process for 5615s outlined in Memo

ACF and SLP:

- Stimulus payments shall not be considered in calculating Post Eligibility Treatment of Income (PETI) cost allocations.

GRSS and IRSS—Host Home:

- Stimulus payments shall not be considered in provider reimbursement calculations; all funds shall go directly to the resident or guardian, based on current processes in place for personal needs accounts.
 - Additional detail around impact on personal needs accounts outlined in Memo

[Link: OM 20-059](#)

IM 20-021

TITLE: INFORMATIONAL MEMO FOR SNFS REGARDING CMP USAGE FOR COMMUNICATION DEVICES

- Recognizing that visitor restrictions may be difficult for residents and families, CMS has developed this **application template** for requests for the use of **Civil Money Penalty (CMP) Reinvestment funds** to provide residents with **adaptive communicative technologies**.
- All licensed nursing facilities may apply.
- The Nursing Facility Innovations Grant Board will be accepting and screening applications as they are received.
- [Criteria, application and instructions may be found here.](#)
- Prior to filling out the application, you will need to download and save it to your desktop.
- Completed applications can be submitted to cdphe_nhib_grants@state.co.us

[Link: IM 20-021](#)

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](#)

Level of Care Changes

- [OM 20-053](#)

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](#)

Rate Increase

- [OM 20-050](#)

Options Counseling

- [OM 20-054](#)

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](#)

Flexibility in Hiring

- [IM 20-019](#)

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

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More Information



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



www.cms.gov/About-CMS/Agency-Information/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



COLORADO

Department of Health Care
Policy & Financing

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!