

COVID-19

HCPF Office of Community Living

Presented by: Kim Bimestefer,
Dr. Lisa Latts, and Bonnie Silva

March 19, 2020

Overview

High-level overview of Department actions

- Kim Bimestefer, Executive Director

Current COVID-19 status in Colorado

- Dr. Lisa Latts, Chief Medical Officer

Overview of Department guidance issued so far

- Bonnie Silva, Office of Community Living Director

Questions/Feedback

- Time for participants to ask questions, bring ideas

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

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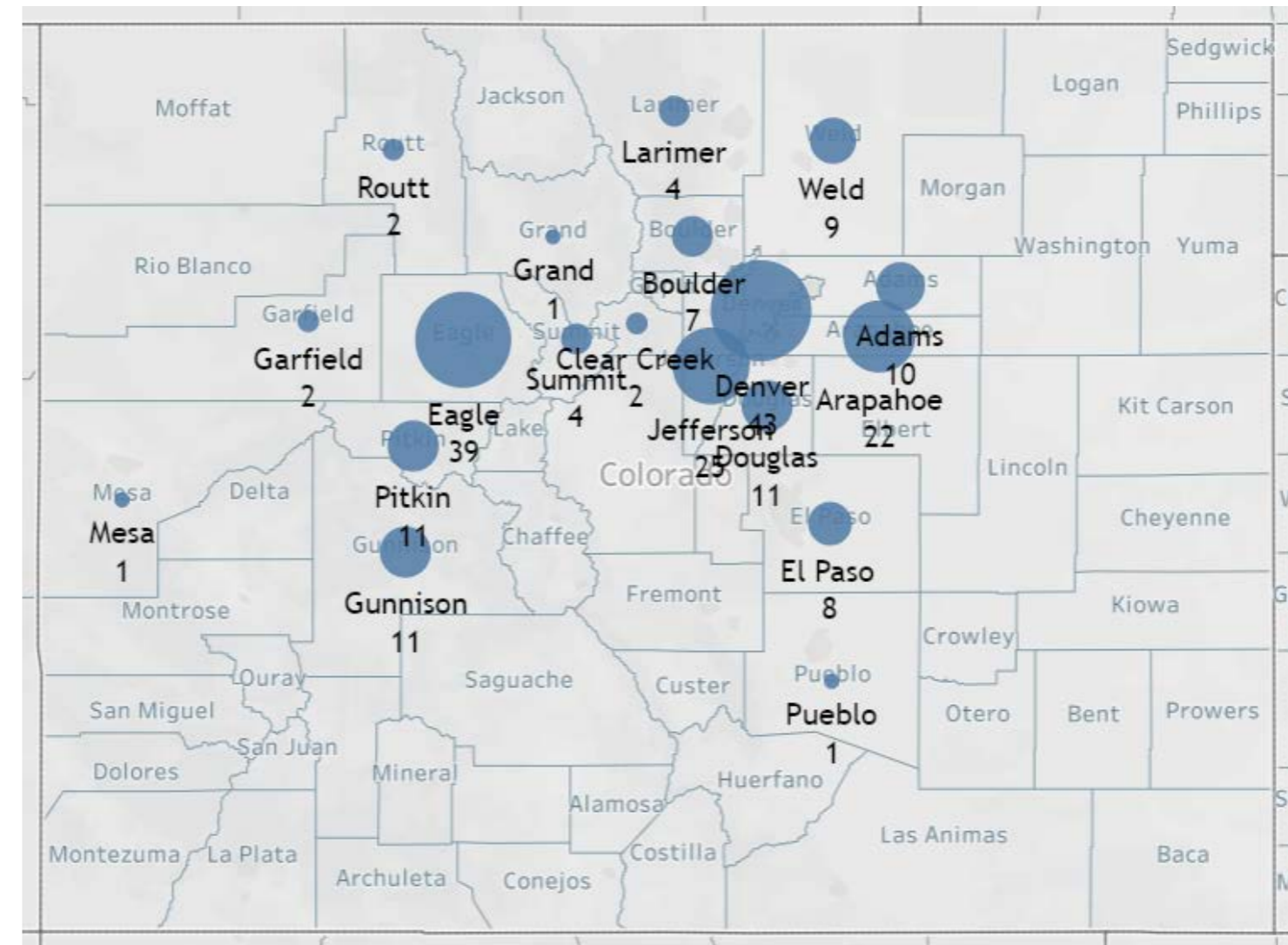
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Health & Safety Is Our Priority

- Staying in lock step with CDPHE guidance
- Working with counties and other critical partners to ensure continuity of operations - Member service continues
- Requested flexibility from federal government
- Submitted waiver & addendum Ks on 3/13
- Ramping up telemedicine & reducing face-to-face requirements where appropriate
- Emergency rulemaking
- Information & guidance as it's available on [Colorado.gov/hcpf/covid](https://colorado.gov/hcpf/covid) (for members, providers & case managers, county & eligibility partners)

General Findings

- 216 known presumptive positive cases of COVID-19 in Colorado as of March 18, 2020
 - 2 known fatalities as of March 18, 2020
- Transmission through person-to-person contact (as close as 6 feet) or by contacting surfaces contaminated with the virus
- Individuals with serious chronic health conditions and older adults are most at risk for becoming very ill with this disease
- In US, higher rates of hospitalization among young people



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

Appendix K & 1115 Demonstration

Emergency Preparedness & Response

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:

- **Removal or Modification of Limitation on Services**
 - Ex. Temporarily permit payment for services rendered by family caregivers or legally responsible individuals
 - Ex. Allow Medicaid members to receive supplies and equipment that prevent the spread of COVID-19
- **Workforce and Provider Solvency**
 - Ex. Provide payments to facilities for providing services in alternative settings
- **Operational Requirement Modifications**
 - Ex. Temporarily modify processes for level of care evaluations or re-evaluations
 - Ex. Treat individuals as institutionalized or receiving home and community-based services (HCBS), even if they receive less than 30 days of continuous care in the respective setting.

Formal Guidance for Case Management Agencies



[OM 20-018](#)

[OM 20-019](#)

[IM 20-015](#)

OM 20-018

TITLE: CASE MANAGEMENT OPERATIONAL CHANGES IN RESPONSE TO COVID-19

- CMAs are instructed to perform initial, continued stay review assessments, Supports Intensity Scale (SIS) assessments and Inventory for Client and Agency Planning (ICAP) assessments and routine monitoring contacts **by telephone or another electronic modality, preferably video.**
- Continued stay review assessments allowed for up to 1-year authorization.
- Initial assessment authorization limited to a six-month authorization span.

[Link: OM 20-018](#)

OM 20-019

TITLE: CASE MANAGEMENT ADDITIONAL OPERATIONAL CHANGES IN RESPONSE TO COVID-19

- The Department is extending the amount of time a Case Manager has to obtain the forms required for all eligibility assessments
- The case manager now has up to 60 days after the assessment and/or Service Plan start date to obtain completed forms.

[Link: OM 20-019](#)

IM 20-015

TITLE: PASRR COVID-19 UPDATE

- PAS Level I for individuals discharging from a hospital or admitting from the community will be approved for a 60-day time limited.
- Expiring time limited stay approvals, Advanced Group Authorizations (AGA), that require a Level II evaluation can be reviewed and approved for a 60-day time limited stay extension.
- 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

[Link: IM 20-015](#)

Formal Guidance For Residential & Non-Residential Settings



[OM 20-017](#)

[IM 20-017](#)

[OM 20-020](#)

[OM 20-021](#)

OM 20-017

TITLE: DEPARTMENTAL GUIDANCE ON LONG-TERM CARE AND CONGREGATE SETTINGS

- The Department strongly encourages providers to take emergency measures to screen members and consider restricting visitors in long-term care and congregant settings
- Key CMS guidelines include:
 - Restriction of non-essential visitation and screening of 100% of individuals prior to entry into the building - limit of 2 essential visitors at a time
 - Clear signage and communication of visitation policy
 - Limitation of movement and contact with members for those allowed into setting
- If a facility has a suspected, presumptive, or confirmed COVID-19 patient, the facility should:
 - Separate the member from others in a private room with a closed door
 - Contact CDPHE and the members Primary Care Physician Immediately
 - Start collecting important information about who the member who has had contact with and log all ongoing contact
 - Notify the hospital in advance if transport is required

[OM 20-017](#)

IM 20-017

TITLE: COVID-19 COMMUNICATION FOR ADULT DAY, DAY HABILITATION AND BRAIN INJURY DAY TREATMENT PROVIDERS

- Day Program Service Providers may render services in alternative locations and/or utilizing technology to ensure continuity of service to meet the member's needs.
- Day Program Service Providers that have stopped or reduced services in response to the COVID-19 pandemic may bill for retainer payments.

[Link: IM 20-017](#)

OM 20-020

TITLE: COVID-19 COMMUNICATION FOR HCBS BEHAVIORAL THERAPY, HCBS-BEREAVEMENT COUNSELING, HCBS-EXPRESSIVE THERAPY, HCBS-MENTAL HEALTH COUNSELING, HCBSMOVEMENT THERAPY, AND HCBS-THERAPEUTIC LIFE LIMITING ILLNESS SUPPORT PROVIDERS

- Providers may render services in alternative locations and/or utilizing technology to ensure continuity of service to meet the member's needs.
- Providers that determine virtual visits can meet the needs of the participant must document in the participant's treatment plan how therapeutic outcomes will continue. Providers must inform case managers of any changes in the delivery of services.
 - Professionals must use their professional judgement to determine whether virtual service delivery aligns with positive therapeutic outcomes and treatment goals while maintaining service integrity

[Link: OM 20-020](#)

OM 20-021

TITLE: HCBS PROVIDER AND CASE MANAGEMENT ACTION REQUIRED FOR CLOSURES RELATED TO COVID-19

- Any Provider agency temporarily suspending or reducing services must immediately notify the Department, members, and the members' case management agency (CMA) within 24 hours

[Link: OM 20-021](#)

Formal Guidance For SNF/ICF/PACE



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

CMS QSO-20-14-NH

SUBJECT: GUIDANCE FOR INFECTION CONTROL AND PREVENTION OF CORONAVIRUS DISEASE 2019 (COVID-19) IN NURSING HOMES (REVISED)

For all facilities nationwide

1. Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.
2. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
 - Exemptions:
 - Healthcare Workers - Follow CDC guidelines (www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html)
 - Surveyors - except when they have a fever

Additional Guidance:

- Cancel communal dining and all group activities
- Residents still have the right to access the Ombudsman program.

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



What are we not thinking of?

What else needs consideration?

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Thank You!