

COVID-19 Updates

HCPF Office of Community Living

Presented by:
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March 27, 2020

Overview

Colorado Department of Public Health & Environment (CDPHE) Update

- Greg Schlosser, Branch Chief

Update on COVID-19 status in Colorado

- Dr. Lisa Latts, Chief Medical Officer

Update of Department Guidance issued so far

- Bonnie Silva, Office of Community Living Director
- Alex Koloskus, Health Programs Office

Update on Federal Requests

- Bonnie Silva, Office of Community Living Director

Questions/Feedback

- Responses to top question of last week and opportunity for new questions and answers

Update

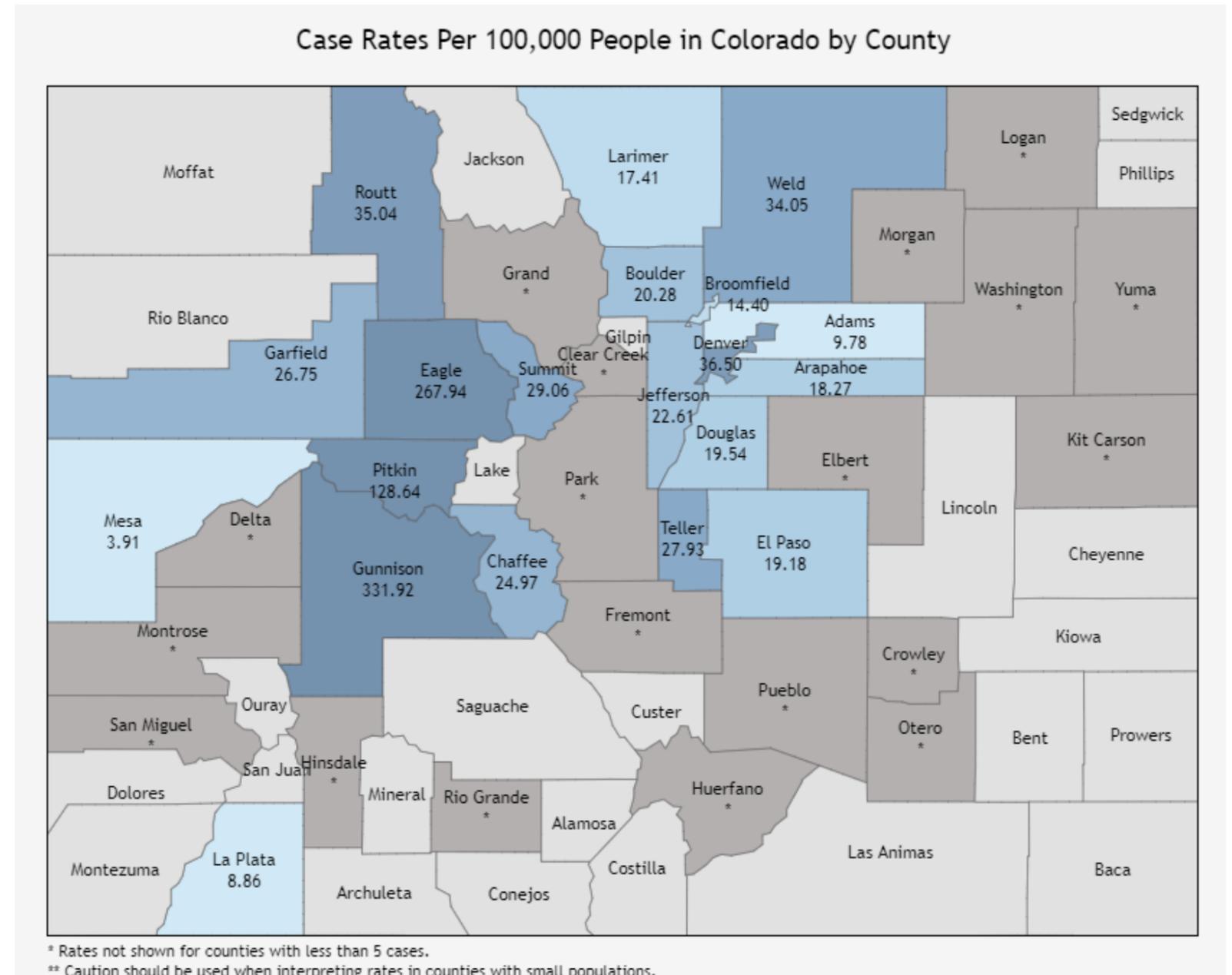


CO L O R A D O

**Department of Public
Health & Environment**

COVID-19 in Colorado

- 1,430 cases in CO*
 - US: 82,404
 - World: 526,044
- 184 hospitalized
- 39 counties
- 10,122 people tested
- 24 deaths
- 9 outbreaks at residential and non-hospital health care facilities



Exposure Risk Categories

Risk Level	Travel-associated Exposures*	Exposures Identified through Contact Investigation
High	Not applicable	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions for home care and home isolation
Medium (assumes no exposures in the high-risk category)	Travel from a country with widespread sustained transmission	Close contact with a person with symptomatic laboratory-confirmed COVID-19
	Travel from a country with sustained community transmission	On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction
	Travel on a cruise ship or river boat	Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation
Low (assumes no exposures in the high-risk category)	Not applicable	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
No identifiable risk	Not applicable	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

CDC Guidance

- Recommended precautions for household members, intimate partners, and caregivers in a nonhealthcare setting of: A patient with symptomatic laboratory-confirmed COVID-19 OR A patient under investigation
 - www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
- Guidance on isolating at home:
 - www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
- Guidance on home care for COVID-19 patients:
 - www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html
- Definitions of isolation and quarantine:
 - covid19.colorado.gov/isolation-and-quarantine

Return to Work

- Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)
Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 7 days have passed *since symptoms first appeared*
- Test-based strategy (currently only for Health Care Personnel) who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
 - Negative results of a COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

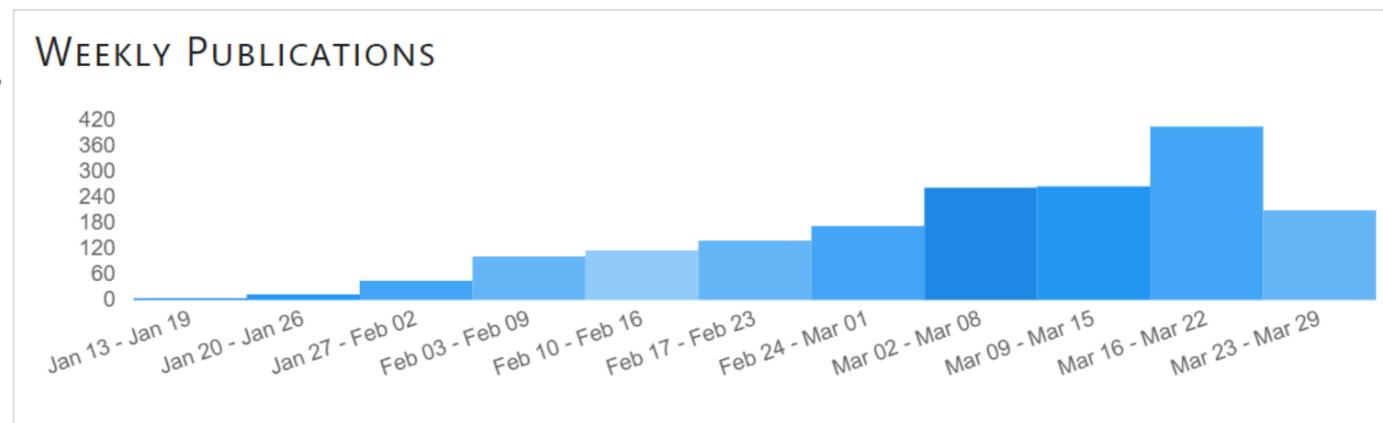
www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

COVID-19 Rumors

Hold your
breath for
10 seconds

- **RUMOR:** Don't take ACE-I or ARBs for high blood pressure
 - No evidence. Current recommendations: Don't change
 - <https://jamanetwork.com/journals/jama/fullarticle/2763803>
- **RUMOR:** Advil/Motrin makes COVID-19 worse
 - No evidence. OK to take before, during or after infection.
 - www.wired.com/story/the-ibuprofen-debate-reveals-the-danger-of-covid-19-rumors/

- Chlorquine and Hydroxychloroquine to treat COVID-19
 - Ongoing clinical trials. Looming shortages



Previous Guidance

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](#)

All COVID-19 related memos can be found here:

www.colorado.gov/hcpf/covid-19-provider-information

New Guidance Issued

- [OM 20-023](#)
- [OM 20-024](#)
- [Telemedicine](#)

All COVID-19 related Memos can be found here: www.colorado.gov/hcpf/covid-19-provider-information

OM 20-023

TITLE: COVID-19 COMMUNICATION FOR SUPERVISION REQUIREMENTS FOR CLASS B LICENSED HCBS PROVIDERS

- Supervision should be flexible to the needs of the member
- Supervisory visits, recertification visits, and new member assessments may be conducted remotely
- Care plans may be modified at the request of the member or representative to best meet the needs of the member

[Link: OM 20-023](#)

OM 20-024

TITLE: CHANGES TO BENEFITS AND SERVICES IN RESPONSE TO COVID-19

- The Department is implementing temporary provisions to **prohibit services from being provided in group settings and allow for flexibility in the delivery of services.**
- OM 20-024 contains complete table of information on the **services modified, the temporary allowable provisions, and the action needed from case management agencies and providers.**
- **At no time shall the delivery of community-based services include more than ten people, to include support staff. At all times, support staff shall ensure social distancing recommendations of at least 6 feet are followed**

[Link: OM 20-024](#)

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](#)

Appendix K 1115 Waiver 1135 Waiver Update

Colorado's COVID-19 Emergency Waiver Overview

Last Updated: March 2020

Background & Process

The Centers for Medicare and Medicaid Services (CMS) is working with States to provide additional program flexibility for Medicaid/Children's Health Insurance Program (in Colorado, "CHP+") to address the COVID-19 pandemic. When possible, we are implementing flexibility through existing authority, such as emergency rulemaking related to [telemedicine](#). The process to ask CMS for flexibility is called a waiver. The two primary types of waivers States are using to ask for flexibility are Section 1115 and 1135 waivers.

In addition, states can ask for flexibilities through an Appendix K amendment for 1915(c) Home and Community Based Service (HCBS) waivers. Appendix K is used by states to advise CMS of expected changes to its waiver operations or to request an amendment to its approved waiver programs during an emergency. Colorado was proactive in asking for flexibility. We submitted [our first request](#) and asked for additional [flexibility for our ten \(10\) HCBS waivers](#) on March 13, 2020, before many other States and before the federal government had finalized its preferred process for requests. We submitted the [1135 waiver](#) on March 24, 2020. Development of a waiver usually takes months; the Department completed our waiver request in days given the urgency of COVID-19.

Submitting our request for flexibility to the federal government is only a first step. CMS may not approve all of our requests under our first submissions. CMS is also requesting that we resubmit several of our requests through a different waiver (1135), state plan amendments, or other documents that CMS can quickly review.

We are in ongoing conversations with our federal partners as they consider our requests. We will update this fact sheet as more information becomes known.

What We've Asked For

During this pandemic and in any economic downturn that may follow, enrollment in Health

[Link: www.colorado.gov/pacific/sites/default/files/COVID%20Emergency%20Waiver%20Overview%20-%20203-25-2020.pdf](http://www.colorado.gov/pacific/sites/default/files/COVID%20Emergency%20Waiver%20Overview%20-%20203-25-2020.pdf)

Top Question Topics

Retainer
Payments

Telehealth

Case
Management

Staffing

Retainer Payments

Can retainer payments apply to other services in addition to Adult Day, Day Habilitation (Supported Community Connections and Specialized Habilitation)?

No. At this time, retainer payments are only allowable for Adult Day, Day Habilitation (Supported Community Connections and Specialized Habilitation), and Brain Injury Day Treatment Providers that have stopped or reduced services in response to the COVID-19 pandemic are permitted to bill for retainer payments.

Telehealth

Can Behavioral Supports be conducted through virtual visits?

Yes. Providers that will be conducting virtual visits must ensure they are documenting services rendered in the virtual format within the care plan.

Telehealth

Can I use non-HIPAA compliant free conferencing tools (like FaceTime and Zoom)?

Yes. HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday non-public facing communications technologies, such as Apple FaceTime or Skype, during the COVID-19 nationwide public health emergency. Must inform patient.

See: www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html

Federal Changes to HIPAA

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

ALLOWED:

Treatment for non-COVID related conditions and COVID related conditions.

Platforms:

- Skype
- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts

HIPAA compliant with BAA:

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting

NOT ALLOWED:

- Facebook Live
- Twitch
- TikTok
- Public facing communication platforms

Case Management

Do case managers need to complete a Service Plan revision if providers are using a different location to furnish the same services?

No. If a Day Program Service Provider is using an alternate location but providing the same service, a service plan revision is not required.

Case Management

How do we report a presumptive or confirmed case of COVID-19 for a member?

Critical Incidents involving COVID-19 must be identified through the documentation fields in the BUS. Case Managers will enter COVID-19 CIRs for the Family Support Services Program (FSSP), State Supported Living Services (SLS) and Omnibus Reconciliation Act (OBRA) into the existing DDDWeb/CCMS system and send a notification email to hcpf_cirs@state.co.us [Please note there is not a dropdown option in this system for COVID-19; therefore, the case manager must enter COVID-19 into the text field.]

Case Management

What communications will be sent to PASAs or approved providers about both CMA core work changes and any provider-specific direction?

Department communication regarding PASAs and approved providers about Case Management Agency core work changes will continue to be made available through the Department Memo Series.

Case Management

Has there been any change to Emergency Enrollment Requests for the HCBS-DD waiver?

No. Community Centered Boards (CCBs) may continue to submit requests to the Department for those individuals who are seeking enrollment into the HCBS-DD waiver.

Staffing

Is the Department able to support providers financially who are providing increased hazard pay to their employees in order to retain them?

Maybe. Increased rates for providers is a part of our Appendix K request to CMS that is still pending. If approved, the Department's ability to provide increased rates is budget-dependent and will be considered carefully alongside other approved components of our federal requests.



**New questions or
issues?**

**What should we be
thinking of for the
next 2 weeks?**

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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

Next Steps

Thank You!