



OPERATIONAL MEMO

TITLE:	TARGETED CASE MANAGEMENT-TRANSITION COORDINATION (TCM-TC) GUIDANCE FOR TRANSITION COORDINATION ACTIVITIES DURING COVID-19 PANDEMIC
SUPERSEDES NUMBER:	N/A
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HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Operational Memo is to inform Transition Coordination Agencies (TCA) of temporary changes to transition coordination activities as outlined in 10 CCR 2505-10, 8.763.C. These changes are specific to Targeted Case Management – Transition Coordination (TCM-TC).

Information:

The Families First Coronavirus Response Act requires 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. The purpose of this memo is to issue guidance for how to implement this federal requirement.

Transition Activities Related to Completion of the Community Needs Assessment and Risk Mitigation Plan

- Information necessary to complete the Community Needs Assessment and Risk Mitigation Plan, housing documents and any updates related to the transitions process should be obtained telephonically or through another electronic modality.
- Communication related to transition recommendation can be made telephonically or other electronic modalities.
- For guidance regarding completion of case management documents reference HCPF OM 20-049: Updated Case Management Additional Operational Changes in Response to COVID-19 at <https://www.colorado.gov/hcpf/memo-series>.
- Signatures required on the Transition Coordination Transition Options Form can be obtained by electronic modality. Please see HCPF OM 20-027: Changes to Signature Requirements for Member Paperwork in Response to COVID-19 for Case Management Agencies at <https://www.colorado.gov/hcpf/memo-series>.
- The transition coordinator now has up to 60 days after the assessment start date to obtain the following completed forms:
 - Risk Mitigation Plan Participant Agreement
 - Transition Options Form

Housing Voucher Process and Housing Navigation Collaborative Activities

- Transition coordinators may sign housing voucher applications for the member with verbal consent. *Restricted visitation compliance* due to COVID-19 should be noted as the reason for members not signing the application.
- Virtual tours of potential apartments can be provided to the member upon request.
- Lease will be sent directly to the member or to the facility social worker by email. The Transition Coordinator will collaborate with the social worker to ensure the lease is signed by the member and returned to the coordinator.

Facility Discharge Collaborative Activities

- The following criteria should be considered when determining if a discharge can occur. Additionally, CDPHE and CDC guidance regarding COVID-19 must be followed.
 - Members informed choice regarding transition
 - Facility physician approves the discharge
 - Member has no symptoms of the flu or COVID-19
 - If member is returning to a family home no family members have symptoms of the flu or COVID-19

- Need for critical services (Long Term Home Health (LTHH) or Durable Medical Equipment (DME))
- Medication delivery to member's home is established
- Member's household is set-up
- One month's supply of food, personal hygiene and home maintenance supplies are at the apartment.
- Risk Mitigation Planning
 - The member's Risk Mitigation Plan must be revised prior to discharge to include prevention strategies for any COVID-19 related risk factors.
- Transition Coordinators and facility social workers will coordinate discharge activities.
- Transition Coordinators will meet with the member at their home the day of discharge.
- The Transition Coordinator must follow COVID-19 precautions.
 - Pay attention for potential COVID-19 symptoms including fever, cough, shortness of breath, muscle aches and chills.
 - Transition Coordinators exhibiting symptoms should not be performing in person member contact.
 - Transition Coordinators who have traveled outside of the United States may not have in-person contact with members for a period of 14 days following return from travel.
 - Additional resources regarding precautions are available through the Centers for Disease Control and Prevention:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
 - To ensure the health and safety for both the member and Transition Coordinator all COVID-19 guidance issued by CDPHE and CDC must be strictly adhered to.

Post-Discharge Monitoring

- Weekly telephonic or other electronic contact modalities will occur to monitor member's food supply, medications and service delivery.
- Transition Coordinators will notify the Department of any member who is considered at risk for returning to institutional care due to lack of services or worsening of a medical condition.
- Transition Coordinators must inform HCBS case managers if a member has tested positive for COVID-19.

GENERAL FINDINGS

Background on COVID-19: COVID-19 is the abbreviated name for novel Coronavirus Disease 2019 that first emerged in Wuhan, Hubei Province, China. COVID-19 is a respiratory illness that can spread from person to person through respiratory droplets.

The situation with this outbreak is evolving rapidly with new information being learned daily. The CDC is working closely with federal, state, and local health departments. We will issue additional guidance as it is available. The document is current with CDC guidance as of 3/12/20. Visit the CDC website for the latest updates:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

How it Spreads: The coronavirus is thought to spread mainly from person to person, between people who are in close contact with each other (defined as within about six feet), and through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. [Learn more about how COVID-19 spreads.](#)

Symptoms: The main symptoms are fever, coughing, and shortness of breath, just like the flu. Currently, CDC believes that symptoms may appear in as few as two days or as long as 14 days after exposure. There is no reliable way to distinguish coronavirus symptoms from symptoms caused by the common flu, as both diseases can cause fever, coughs, and pneumonia in severe cases. A doctor may consider a flu test first, unless the person 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.

Treatment: Currently, there are no vaccines or antiviral medications to prevent or cure COVID-19, however scientists are currently working on both. Comfort measures should be provided to help relieve symptoms.

Steps to Prevent COVID-19 Include:

- **Handwashing:** Reinforce with your participants, staff, and visitors best practices for handwashing:

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains *at least* 60% alcohol.
 - Always wash your hands with soap and water if your hands are visibly dirty.
 - Remind your staff to be extra vigilant when cleaning, performing housekeeping, and preparing food
- **Follow cough, sneeze and distance etiquette:** Avoid touching your eyes, nose, and mouth. This makes it more difficult for the virus to get from a surface to you. Cover coughs and sneezes with a tissue, then dispose of it immediately in a trash can, preferably one with a touchless lid opener.
 - **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 cleaning products according to the manufacturer's instructions. Residents in their own apartments or homes can use the same cleaners or wipes in their residences as they usually do. [The EPA has posted a list of antimicrobial products](#) registered for use against the virus.
 - **Add more cleaning stations.** Station hand wipes or alcohol-based hand sanitizer in common assembly areas, such as living areas, exercise areas, game rooms, lobby, and living areas. Consider putting a bottle on all the dining room tables. Provide visual alerts providing instruction on hand hygiene, respiratory hygiene and cough etiquette. Provide a cleaning station with alcohol-based hand sanitizer, tissues, and a trash can for persons entering your building. Step up your infection control. These preventive measures may help avert an outbreak or spread of COVID-19 as well as other illnesses. [Review these important steps.](#)
 - **Implement strategies to limit visitors.** Because of the ease of spread in a setting and the severity of illness that occurs in residents with COVID-19, consider discouraging visitation and begin screening visitors even before COVID-19 is identified in your community. Send letters or emails to families advising them to consider postponing or using alternative methods for visitation, and assist with (e.g., phone calls and video chats on cell phones or tablets), and have

policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations). Limit visits to the resident's room.

- **Post signs at entrances instructing visitors not to visit** if they have (1) fever or symptoms of a respiratory infection (e.g., cough, sore throat, or shortness of breath). (2) International travel within the last 14 days, or (3) contact with an individual with COVID-19. Consider having visitors sign visitor logs in case contact tracing becomes necessary.
- Consider active monitoring of participants and restriction of group field trips and group activities within centers per CDC guidance.
- [Monitor your staff and manage health care workers with symptoms of respiratory illness](#). Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill Health Care Professional (HCP) to stay home. As part of routine practice, ask your staff (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection. Remind HCP to stay home when they are ill. If HCP develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.

Communicate and Stay Informed: Communicating with your participants and participant's families, staff and visitors is critical. The more you communicate, the less likely they are to be stressed and speculate. Participants, families, and staff may still come to you with concerns based on misinformation. Rumors can spread like wildfire and incorrect information can do a lot of damage. Refer them to credible information such as the CDC website or the [CDPHE website](#).

1. **Reassure participants.** If participants express concern, listening and validating concerns before offering advice or tips on precautions can help people through this process. If participants ask about face masks, explain the CDC does not advise people to use face masks unless they are advised to do so by their health care provider or public health official.
2. **Reassure families.** Let families know that you have a plan and inform them of precautions being taken in the center to protect their loved ones (and them), including visitor restrictions and actions participants and families can take to protect themselves in the center.
3. **Educate** participants, family members and visitors about prevention practices, response, and precautions implemented within the community to protect them

and their loved ones, and actions they can take to protect themselves in the residence. [Share the latest information about COVID-2019.](#)

4. **Post educational materials** about COVID-19 that explain why infection control precautions are necessary.
5. **Train.** Hold staff training on sources of exposure, prevention, recognizing symptoms, response when an outbreak has been identified, and communication protocols. Make sure staff get the message to monitor and report any symptoms they or the participants have, and that all managers on duty know how to contact your local or state public health department if concerns arise.
6. **Communicate with your staff.** Review policies on sick leave and time off. Tell staff to speak up and stay home if they are not feeling well. You may want to check in at the beginning of work shifts to ask how staff are feeling. This applies to any temporary, on-call employment services and third-party health care providers as well. Review policies with the agency and in person when any other worker arrives. Keeping an infectious disease out of the community is worth the time.

If you suspect someone in your community may have COVID-19

[If a participant exhibits symptoms associated with the coronavirus](#), take the following steps:

- **Place the person in a private room with a closed door.** Wait for guidance from the health department. Minimize the number of people who enter the room; ideally ONE healthcare person should be assigned or dedicated to working with that participant. This minimizes the risk of transmission to other participants and staff.
- **Notify your local public health department or contact your state health department.** To contact the Colorado Department of Public Health and Environment Call Center at 303-692-2700.
- **Follow HIPAA guidelines** and protect the confidentiality of the individual wherever possible.
- **Wear appropriate Personal Protective Equipment** during close contact with someone in your community that may have COVID-19. Follow health department guidance and [check this CDC page to prepare](#). Currently, the CDC recommends standard, contact and droplet precautions, and using (1) facemasks (2) gowns; (3) gloves, and; (4) eye protection. If you do not have this equipment, check with neighboring health facilities or contact your local health department if you

are experiencing shortages. [The CDC has a plan in place to mitigate shortages.](#)

- **If a physician recommends transport to a hospital** or treatment center, notify the hospital in advance that the person you're bringing may be suspect of having COVID-19 so they can get their infection prevention plan into action. Similarly, notify EMS or an ambulance service in advance that the person they are transporting may be suspect of having COVID-19 so EMS personnel can be prepared.
- **Clean the room, disinfect surfaces and any equipment** you used on the suspected participant before using it again.

Be Prepared:

1. **Update** emergency and outbreak plans, and practice or reinforce uncertain areas.
2. **Learn more about** how healthcare facilities can [Prepare for Community Transmission](#).
3. **Review security practices:** Go over or create new visitor policies for changing circumstances. You may need to ask participants, staff, and family about travel or exposure to persons with COVID-19. Establish a single entrance to the community. Travel advisories are changing, but generally, you'll want to ask about any travel in the past 30 days as well as any planned travel by participants. The CDC has [travel advisory guidelines](#) that list the changing levels of restrictions.
4. **Talk with suppliers & vendors** asking if they have any COVI-19 plans in place. If this is not already part of your emergency plan, sketch out a scenario of what you'd do if they couldn't enter your community and act as needed to prevent that outcome.
5. **Routinely review and follow the guidance of your local and state health departments.** This is the communication most critical to health. Viruses appear in clusters, so they're best fought on the local level. Follow protocols given for state and local jurisdictions.
6. **Check supplies** of tissues, touchless trash cans, hand sanitizer, soap, gloves, food, linens, and personal protective equipment.
7. **Keep working on the basics of infection prevention.**
8. **Check your staff's level of cross training and develop plans for staffing shortages.** This may occur when transmission in the community is identified.

9. **Review and update your communication plans.** Identify who on your staff will be a spokesperson for your center if you are contacted by a member of the media. Ensure that all staff are aware of who this is and how to reach them.
10. **Protect your employees.** As you work to protect participants and employees, staying in compliance with employment law is important. Consult the [CDC Guidance for Business and Employers](#) and [OSHA guidance](#) for preventing workplace exposure.
 - Review The U.S. Equal Employment Opportunity Commission’s [Americans with Disabilities Act Pandemic Preparedness Guidance](#), and the [OSHA pandemic factsheet](#).
 - An outbreak could also trigger policies around the Fair Labor Standards Act and the Family Medical Leave Act. The [Society for Human Resources Management, SHRM](#), has a coronavirus FAQ page that can help.
11. Explore alternatives to face-to-face triage and physician visits.
12. Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where participants with fever or respiratory symptoms can seek evaluation and care.
13. **Review best practices for social distancing.**
 - Prepare for possible changes in dining service. Dining areas may need to be closed and participants eat in their private space.
 - Group activities would need to stop.
 - Ensure your kitchen is prepared. Ensure you have a supply of disposable cups, plates, napkins and utensils that can be thrown away. Don’t go through the kitchen after being in contact with a sick person.
 - Practice social distance by keeping about three feet between yourself and anyone coughing or sneezing.
14. **Follow the guidance** issued by state and local health departments.
15. **Review medication management processes for emergencies.** Follow policy for medications in a congregate care environment as you would for the flu.
16. **Have a plan for suspending prospective participant tours and limiting new admissions in the event of an outbreak in your community.**

Additional References for this document & Resource Links

- [Health Care Policy & Financing COVID-19](#)
- [Recommendations for Long-Term Care Facilities](#) (CDC)
- [Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
- [FAQS for Healthcare Providers Regarding Medicare Billing and Payment](#) (CMS)
- [Coronavirus Preparation and Response Toolkit](#) (Argentum)
- [Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
- [Handwashing Video](#) (Ecolob)
- [Information Regarding COVID-19](#) AHCA/NCAL (American Health Care Association / National Center for Assisted Living)
- [Handwashing 101](#) (ServSafe)

Follow the [CDC website](#) to keep up with the general trends and what's happening. Communicating with your [state health department](#) and watching local news will help you with specifics.

Attachment(s):

None

Department Contact:

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For specific information, please call the CDPHE Call Center at 303-692-2700.
For general questions about COVID-19: Call CO-Help at 303-389-1687 or 1-877-462-2911 or email COHELP@RMPDC.org, for answers in English and Spanish (Español), Mandarin (普通话), and more.