



## SUMMARY OF HCPF OPERATIONAL MEMOS IN RESPONSE TO COVID-19 NURSING FACILITIES

*In an effort to make access easier for members to important COVID-19 information and policy changes, LeadingAge Colorado has put together this document listing all operational memos issued by HCPF. The memos are organized by provider with the latest at the top.*

### [HCPF HCBS/CMA Webinar](#)

### UPDATES RELEVANT TO NFs

Effective Date: 5/08/2020

#### **Summary:**

#### Update from Kim Bimstefer, Executive Director HCPF

Medicaid enrollment data and future projections were reviewed. The data, including members on CHP+, is based on the surge in enrollments, due to the public health emergency, extending through Dec. 31 (previous data was through Sept. 30). HCPF projects a 29 percent increase in FY 20-21 compared to March 2020. HCPF call centers are now answering calls in an average time of less than two seconds. This area is targeted for budget cuts, so HCPF will monitor.

Budget Cuts: The \$180 million cut to the HCPF FY 19-20 is not impacting any HCPF services or benefits. However, more difficult decisions will need to be made for FY 20-21. The timeline for finalizing the FY 20-21 budget is tight: OSPB/Administration will present recommendations to the JBC on May 11; an updated state revenue forecast is scheduled for May 12; General Assembly begins meeting about May 18, and the budget/long bill must be passed by June 30. JBC actions taken specific to LTSS include:

- Remove rate increase to ACFs and adult day services effective July 1 (Note: HCPF stated this does not apply to ACF temporary 8 percent rate increase or the ADS Jan. 1 rate increase – just increases planned for future fiscal years)
- Maintain personal care and homemaker increase due to Denver minimum wage increase
- Added utilization management requirements to CDASS; adding savings requirement
- Voted not to carry legislation for Community First Choice
- Voted not to carry legislation re: increasing enrollments to the HCBS-DD waitlist

#### Update from Greg Schlosser, Branch Chief, HFEMSD/CDHPE

CDPHE will be putting out information and training for voluntary use of the EM Resource System, which is a database to gather data from health facilities during an emergency. It captures facility profile information such as bed capacity. Additional fields will be added to the database, including PPE availability. Phase one is for nursing facilities; Phase two will give availability to assisted living residences. Participation is voluntary. Isolation plans: 100 percent of the nursing homes, 97 percent of ALRs and 99 percent of group homes submitted them. Site visits will be prioritized to facilities that failed to submit plans. All plans submitted will be reviewed and facilities will be contacted as needed for outreach and technical assistance. Onsite infection control surveys are continuing.

#### Update from Caitlin Adams, State Advisor on Disability Employment Colorado Department of Labor and Employment: Caitlin responded to three common questions:

1. Can an employer require an employee to stay home from work based on their perceived vulnerability to COVID-19 based on categories such as age, disability, pregnancy, high risk health issues, etc.? No. The employer must be able to show a direct threat to the health and safety of the individual after an assessment of the person's job duties. It must be on an individual basis.
2. Can an employee be forced to come to work if the worker doesn't feel safe? No. If an employee falls under the Governor's Order as at-risk vulnerable, he/she cannot be required to come to work. There may also be an exemption if the employee lives with an at-risk individual. The employer must make reasonable accommodations, such as working from home.
3. Can an employer force an employee to come back to work if schools are closed and childcare is not available? The employer must make accommodations to the greatest extent possible, such as working at home, flexible scheduling. The law allows for some paid leave. Caitlin is looking into this and hopes to answer in the upcoming weeks.

Update from Bonnie Silva, HCPF Director of Office of Community Living: The [Connect to Care](#) website has launched. It matches facility job openings to healthcare workers looking for jobs. Facilities will be sent an invitation to complete a facility profile through the HFEMSD portal. (Note: the next day CDPHE's blog invited NFs, ACFs, ICFs, and group homes to participate.) This tool is designed to assist with staffing shortages in these residential facilities and will expand to other health care settings, such as hospitals and hospices, at a future date.

Residential Strike Force Update: The team's focus is to mitigate spread of the virus in residential health facilities including NF, ICF, ALRs, and group homes. Asymptomatic testing has been a top strategy; targeting the large facilities without COVID positive staff or residents. Note: King County Washington told Bonnie that almost 60 percent of tested residents were COVID positive and asymptomatic.) To date, 2,000 residents and staff have been tested. The National Guard will deploy testing to 10 additional facilities with 100+ residents next week. Facilities with 150+ residents have been tested.

Another priority is distribution of PPE. Additionally, the federal government will be deploying PPE to Medicare and Medicaid nursing homes. Another role of the strike force is to visit facilities upon the first COVID positive resident or staff to begin immediate testing and cohorting of residents to prevent the spread, to ensure adequate supply of PPE, and to assist with implementation of proper infection control procedures. Onsite infection control surveys have increased by 50 percent and there are weekly webinars. The launching of the Connect to Care website should help with staffing. The strike force is also partnering with International Medical Corps, which has a team of volunteers.

Safer at Home – What is Next for Residential and Day Service Providers: HCPF is receiving many questions about the opening of day programs, visits to residential communities, individuals going out into the community. At this point in time, nothing has changed – providers were told in Chat not to open day programs. All issued guidance remains in effect and new guidance will be issued by early next week. Most individuals receiving LTSS services are either at-risk or living with at-risk individuals. Social distancing, face coverings, and infection control must be part of the current and long term plans. It will be a very long time before clients can congregate in large group settings, as people must be kept safe, while meeting client needs. HCPF will engage providers as services are reconfigured.

Flexibility/Funding Priorities: Bonnie reviewed the previous issued operational memos that provided flexibility in the delivery of services during the pandemic. The decisions were difficult – it was easiest to implement changes in service delivery that were budget neutral such as retainer payments, virtual/

alternate service delivery, etc. The temporary rate increase for residential and person care was viewed as a priority due to staffing shortages and added responsibilities of direct care staff.

New Guidance Issued (see more information on these below):

IM 20-019 – Compiles temporary regulatory changes for a variety of health care providers issued by HCPF, CDPHE and DORA so they are easier to find. It does not contain any new information.

OM 20-053 – Informs NF, PACE, Hospital Back-up, ICF-IID and LT Home Health providers of temporary changes to the level of care assessment, ULTC 100.2, and NF-to-NF transfers.

OM 20-054 –informs Options counselors of temporary changes to the provision of counseling services for NF residents wanting to transition to a community setting. Authorizes counseling by telephone or other electronic means, adjusts the counseling timeline, and waives client signature.

Questions and Answers:

There was a question about the new direction regarding nursing facility Transfers. HCPF responded that the SEP (single entry point) should select “Nursing Facility Transfer” for the Event Type when copying the ULTC 100.2.

There were lots of questions about re-opening ADS centers and day programs. HCPF responded that guidance is to come out early next week. For now, all previously issued guidance remains in effect. Day programs can be provided via Skype, Zoom, etc. One webinar participant indicated that her ADS center was open and asked about providing COVID-19 testing to all participants. Another participant reported that a program in Douglas County was open, stating this was permitted if no more than 10 participants. Colin Laughlin stated opening day programs and ADS centers is not authorized.

There were lots of questions about visits to clients by family members – they are getting angry. HCPF responded that visitor restrictions are still in effect.

Residential providers are having trouble keeping staff because of the financial incentive to not come to work - unemployment plus \$600 per week can pay more than employment compensation. How long will the extra \$600 per week check be in effect? Response: It is to be in effect until July 31. Facilities can report employees who won't come to work at [www.colorado.gov/pacific/cdle/covid-19-employers](http://www.colorado.gov/pacific/cdle/covid-19-employers) For employees that cannot come to work, perhaps due to lack of childcare, it may be possible to furlough the employee. Email for Caitlin is [Caitlin.e.adams@state.co.us](mailto:Caitlin.e.adams@state.co.us)

Funding Resources? Slide 28 and 29 contains links and descriptions to a variety of loans and grants.

COVID-19 Healthcare Workforce Tool Kit? Slide #30 contains a link to a comprehensive tool kit put out by CMS that includes resources, training, guidance and webinars to assist in responding to COVID-19.

Next Steps

Guidance for residential and day program providers on re-opening

Guidance for residential providers on stimulus checks and how they should be used

Residential Strike Force Update

**HCPF IM 20-019**                      **STATE CROSS-AGENCY GUIDANCE ON FLEXIBILITY IN HIRING AND TRAINING**  
**STAFF FOR HEALTHCARE PROVIDERS**                      **Effective Date: 5/07/2020**

**Summary:**

This memo summarizes temporary changes in requirements for hiring and training healthcare staff to expand efforts to combat COVID-19 – information for NFs that HCPF has communicated previously. It references changes to DORA's nursing and nurse aide education requirements based on the governor's Executive Order D 2020 038, issued April 15. It also covers, with a retroactive effective date of March 1, that CMS is waiving the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a NF may not employ anyone for longer than four months unless they met the training and certification requirements under §483.35(d) – nurse aide certification. NFs must ensure that uncertified staff working as nurse aides under this provision are adequately trained and competent to perform tasks assigned to them. For MED-13 reporting, nursing facilities may allocate uncertified staff who perform direct health care tasks in the same manner licensed staff are allocated.

**HCPF OM 20-054      OPTIONS COUNSELING EXPECTATIONS COVID-19**

**Effective Date: 5/07/2020**

***Summary:***

This memo relates to Options counseling for NF residents who expressed an interest in transitioning to the community. The signature requirement on all options counseling forms has been waived. Options counselors are to attempt to conduct all visits via phone or other electronic modalities. They should coordinate with nursing facility staff and the member's family for those who may be hard of hearing or have difficulties communicating over the phone or video. The requirement to contact a new referral is 10 business days, but if it takes longer due to the restrictions on face-to-face visits, agencies are expected to record how many attempts were made and the extenuating circumstances that delayed the visit in the required monthly referral log.

**HCPF OM 20-053      LEVEL OF CARE OPERATIONAL CHANGES IN RESPONSE TO COVID-19**

**Effective Date: 4/1/2020**

**Issued: 5/06/2020**

***Summary:***

This applies to NFs, PACE, HBU, ICF/IID and LTHH. Professional Medical Information Page (PMIP) is not required for the completion of the ULTC 100.2. For admissions, all facilities will follow all applicable federal requirements for physician recommendations/prescriptions/certifications.

New requirements: The Department is modifying the requirement for case management agencies (CMAs) to complete a full UTLC 100.2 Assessment when there is a NF-to-NF transfer. The CMA will copy the member's existing ULTC 100.2 assessment as an Unscheduled Review and issue a ULTC 100.2 certification indicating the new NF name and start date to the County Department of Human/Social Services. The ULTC 100.2 end date will remain the same as the original certification. A new PMIP is not required to complete the transfer. The CMA will notify the appropriate County Department of Human/Social Services' Medicaid Financial Eligibility technician and the NF of the new ULTC 100.2 NF certification.

**HCPF OM 20-050      TEMPORARY PROVIDER RATE INCREASE FOR NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES**

**Effective Date: 4/1/2020**

**Issued: 5/01/2020**

***Summary:***

The temporary rate increase for nursing facilities is 8 percent. The enhanced funds are to be used to ensure direct care workers, putting their own health at risk, continue to care for vulnerable residents – and to increase measures to mitigate the spread of COVID-19 and protect residents. The OM also holds

NFs accountable for complying with the most recent CMS guidance on infection control and prevention. The rate is approved April 1 through June 30; however, the Department may adjust rates back to the original rates at its discretion. NFs do not need to make any adjustments to billing procedures. The increased funding must be reported as an offset against emergency expenses on cost reports.

[HCPF NF/ICF Webinar](#)

**UPDATES RELEVANT TO NFs**

**Effective Date: 5/1/2020**

**Summary:**

Update from Kim Bimstefer, Executive Director of HCPF:

Kim presented a chart showing that processing of all applications is improving. Medicaid is taking an average of 45 days, but long-term care takes longer. She reviewed data on the current and forecasted surge (predicted to end Sept. 30) in Medicaid enrollment due to COVID-19. It is anticipated that once the public health emergency is over, many of the new enrollees will drop off, resulting in a net increase of 23 percent in FY2020-21. The new enrollees are not expected to have a significant impact on the budget because they had health insurance until they lost their jobs, are healthy, and will not be using HCBS services.

Anticipated budget shortfalls due over the next three fiscal years will likely result in significant cuts. The Governor's Executive Order requiring an immediate cut of \$229 million in general fund, includes \$183 million from HCPF. This cut is required by statute to ensure the general fund reserve remains intact. Services and benefits will not be impacted for the remainder of this fiscal year, as there are savings due to money budgeted that will not be spent, decrease in utilization of benefits, and increase of 6.2 percent in the FMAP. Providers are urged to lobby representatives and senators for federal funds for state and local governments.

HCPF will be taking a tiered approach to address the budget shortfall for FY2020-21 - looking at cuts having the least impact on services and benefits and on those most vulnerable - and will cut deeper if necessary. HCPF is committed to a transparent process. The budget must be passed by June 30. For more detailed budget information, see the webinar presentation slides.

Governor Polis signed Executive Order D 2020 054 directing HCPF to provide additional funds to nursing homes and other congregate care facilities in response to COVID-19. HCPF would not specify the amount but said operational guidance would be forthcoming.

A US supreme court decision is due Monday. Kim is concerned that the decision will be that LGBTQ individuals will not be protected from discrimination in employment due to sexual orientation. She wants providers to help clarify in the community that HCPF does not discriminate and how CO values the LGBTQ community. She is especially concerned, given higher depression and suicide rates in the LGBTQ community.

PPE distribution is improving with priority given to nursing homes and other residential facilities. HCPF service centers are still running at target performance. There are four identified alternate care sites in Colorado. Kim asked any experts in clinical oversight, including pharmacy, to contact her.

Update from Greg Schlossser, Branch Chief with HFEMSD:

Survey workload priorities remain the same, however, HFEMSD is increasing its onsite infection control monitoring visits by 50 percent. These visits are streamlined and take about 1.5 hours.

Update from Bonnie Silva, Executive Director of HCPF Office of Community Living:

Bonnie reported on the activities of the COVID Residential Strike Force. Testing is expected to increase to 5,000 per day in early May and 8,500 per day by the end of May. The state is being strategic at this time and focusing testing in large facilities that are COVID free to identify asymptomatic individuals.

PPE will be distributed to facilities based upon need in accordance with the PPE surveys submitted by providers. The strike force continues to work on guidance re: cohorting and isolation. A rapid response team of experts has been created to respond to new outbreaks to reduce the spread with a three prong approach – testing, education, and staffing. Enforcement may be taken when it is determined facilities are disregarding infection control and isolation practices in accordance with issued guidance.

Providers are urged to ensure their front-line staff continue to be trained in the latest information regarding proper use of PPE and infection control. Slide 23 of the presentation contains links to short videos put out by the CDC. Connect to Care, is a tool that matches facility staffing needs to the healthcare workforce. (Note: in the 4/24/20 Update this matching system was misidentified as EMResource, which is described below.) Providers can create a profile and so can individuals seeking employment. The site matches key features. Colorado and Oregon are pilot testing this program. The focus at this time is on nursing homes and other residential care facilities and will eventually open up to hospitals, home care, etc. The website is to launch on Monday. The community college system has obtained grant funding for virtual training.

HCPF expects to release guidance soon on: nursing facility/ICF rates; transition coordination, resuming day programs, and handling of stimulus payments (the \$1200 that went to individuals).

Update from Dr. Jeff Beckman, HFEMSD Medical Director:

He presented EMResource, a tool for managing transport of patients due to medical surge needs. See page 21 of the slide presentation for an example and information on training. Use of this tool is optional. SNFs will be operational in the system by Friday, May 8<sup>th</sup>, and ALRs in 2 to 3 weeks. A training toolkit and webinar will be provided at the time of going live.

#### [HCPF HCBS Webinar](#)

#### **NURSING FACILITY TOPICS**

**Effective Date: 4/24/2020**

##### **Summary:**

- Survey workload priorities remain the same. However, HFEMSD will be ramping up their onsite infections control focused visits by 50 percent to monitor infection control practices, identify issues, and provide education to mitigate spread of COVID-19.
- Public Health Order 20-20, issued April 20, requires NFs, ICFs, ALRs and group homes to submit isolation plans to CDPHE. A nine-page template was created that must be filled out and returned to CDPHE by May 1. It is not acceptable to use another format or another existing plan. Providers expressed frustration with the isolation plan requirement, as some of it is duplicative and it is burdensome, as COVID-19 requires more work. However, HCPF and CDPHE regard this plan as key.
- Due to the impending revenue shortage, the JBC has asked each state agency to come up with plans in three different scenarios. One with flat budget, one requiring deep budget costs (\$100 million) and one with deeper budget cuts (\$350 million). The report HCPF sent to the JBC will be available for public viewing on Monday, April 27. Kim Bimestefer, ED, said extreme cuts will be difficult but they hope to increase payments to nursing homes.

- Governor Polis is trying to get Vice President Pence’s commitment to provide PPE that will go directly to NFs and ALRs.
- Providers are requested to lobby the federal government for State stimulus funds.
- Although portions of Colorado are partially re-opening to safer-at-home criteria, current HCPF guidance stays in place. HCPF is looking at 3 – 4 weeks out and working on revised guidance. HCPF flexibilities are tied to federal guidance/waivers, not to Governor Polis.
- The transition for case management services from Colorado Access to Rocky Mountain Human Services is still planned for July 1.

CDPHE/HCPF Residential Strike Team:

- Testing for disease – 13 percent of staff are asymptomatic but have COVID. Testing of staff has begun in the largest NFs. The Strike Team is also ramping up screening of staff. In addition to twice daily temperature checks, the facilities will be required to screen for additional symptoms such as cough, shortness of breath, muscle aches, chills.
- PPE – a survey was sent to all residential providers to obtain information on the supplies they have on hand and how long they will last. The Strike Team is also working on a plan to move distribution from local public health/emergency managers to distribution by the State.
- Cohorting and Facility Isolation – CDPHE has finalized aggressive guidance on cohorting and developing metrics for effective monitoring. They are looking at COVID-19 only facilities to be used if needed for facilities that are unable to isolate positive cases. St. Anthony’s will be providing nursing home level of care to COVID-19 positive individuals discharged from the hospital and may take individuals from residential facilities that cannot provide necessary isolation.
- Education and Enforcement – They will be utilizing the expertise of NF medical directors and hoping to provide infection control guidance and best practices to facilities.
- Developing technical assistance within the Strike Team to assist when a facility that is COVID free has a staff test positive, in order to prevent an outbreak.
- Staffing – The team is developing an IT solution, EM Resource, to connect the health care workers that have been furloughed and want to help with massive staffing shortage. It will run every night. Silva pointed out that once a resident is found positive, there is an increase in staff calling in.

NEXT STEPS

- Working on rates for nursing homes
- Focusing on mitigating spread of COVID-19 in residential settings
- Webinars will continue at least thru mid-May

**[HCPF OM 20-043](#)**

**PASRR COVID-19 Update 2.5**

**Effective Date: 03/26/2020**

**Issued: 04/22/2020**

**Supersedes OM 20-030 and OM 19-046**

**Note: the link to OM 20-043 is currently not working on the HCPF website**

**Summary:** Updates to the temporary PASRR process include:

- eQHealth Solutions will review the Post Admission Level I (PAL) and, if there is a PASRR condition, will complete a Resident Review Level II Evaluation as soon as resources are available. Already submitted Pre-Admission Level I Screens (PAS) and PAL requests will continue to be processed by eQHealth.
- For new admissions, Single Entry Point (SEP) agencies will not need a PASRR authorization in order to issue a certification for NF clients admitted on or after March 20, 2020. The start date

of the certification for initial admissions shall be the date the client admitted to the NF with Medicaid as the pay source.

- For Pay Source Changes (PSC), the start date of the certification shall be the latter (Note: this appears to be a typo of LATER) of: 1) the date the SEP receives the referral or 2) the date the NF is within PASRR compliance, as shown through an authorization from eHealth Solutions, if the PSC referral was received by the SEP after day 30 of admission. If the PSC referral was received prior to the resident being in the NF for 30 days, the SEP can issue a certification without the receipt of a PASRR authorization.

### [HCPF NF Webinar](#)

### NURSING FACILITY TOPICS

Effective Date: 4/17/2020

#### Summary:

#### HCPF Executive Director Kim Bimestefer updates:

- They are re-examining new member messaging, as they are expecting a surge in applications, mainly from individuals who had employer-sponsored insurance.
- HCPF is working to increase service capacity to enroll and assist new members and so far they are able to keep up with the demand.
- Medicaid enrollments have increased significantly but are not expected to have huge budget impact because utilization, such as elective surgeries, dental appointments, and routine medical appointments, has decreased.
- HCPF is working with partners including the State EOC, FEMA and CDPHE to secure PPE and assist with alternative care sites. HCPF has eight staff members working 20-25 hours per week to source PPE.
- Colorado has been working with other states regarding influencing the 4<sup>th</sup> stimulus package. A joint letter will be going to the federal administration from the governors around the country. They are lobbying for a federal match increase and would appreciate provider support in lobbying for this.
- HCPF is modeling to forecast membership, staffing, impact to budget, utilization, etc. to help plan for future shortfalls after the COVID-19 pandemic ends. A \$3.2 billion state budget revenue shortfall is expected next fiscal year.
- HCPF is in the process of operationalizing additional approved changes from the federal government.
- Looking at the additional funding that was authorized yesterday: no details on how much and when at this time. HCPF will release information next week.
- Creation of the COVID-19 Action Team this week, which was put in place at HCPF and CDPHE urging with support from the Governor's office, due to the growing number of outbreaks in non-hospital healthcare facilities. Bonnie Silva from HCPF and Randy Kuykendall from CDPHE are the co-leads of this team which includes individuals with expertise. The initial focus of the team is:
  - o Securing additional funding
  - o Ensuring PPE to greatest needs
  - o Ensure compliance with HCPF operational memos, public health orders, CDPHE, CMS and CDC guidance re: infection control, visitor restrictions, health screening, etc.
  - o Education
  - o Testing
  - o Staffing capacity
  - o Provider capacity

#### Greg Schlosser, CDPHE, updates:



- No change to the process for securing PPE.
- No change to status of operation of State EOC.
- The first alternative care site is expected to be operational by the end of April or early May
- No change to survey priorities.
- CDPHE is operationalizing a dispatch call center to coordinate the transport of patients to alternative care sites or inter-facility transfers. To be coordinated with EMS, it is to be operational on Monday, 4/20.
- Facility outbreak information will be released every Wednesday. An outbreak is two or more cases within a 14 day period. There is a link to the data on slide #6. Host home information will not be made public due to privacy issues.
- Slide #6 contains a link to the HFEMSD blog that contains updated COVID-19 related memos.

**Marivel Klueckman, HCPF Eligibility, updates:**

There is continuous enrollment of any person on Medicaid as of 3/18/2020, effective until the federal emergency declaration ends. There are only three exceptions: death, not a Colorado resident, or the individual voluntarily terminates. System changes were implemented on 4/5 to make sure no one loses their benefits, i.e. to “lock-in” members. There were processes in place to reopen all cases with end dates of 3/31 and 4/30, to be sure the clients remain enrolled. They will remain eligible, even if found ineligible for reasons such as over assets. County eligibility staff will continue to process renewals and changes.

Clients impacted by the CBMS/interChange mismatch are also considered part of the continuous enrollment group. These are clients who were correctly disenrolled in CBMS, but not in interChange payment system. They were scheduled to be terminated in interChange 3/31/20, but now will remain eligible for provider payment until the federal emergency declaration has ended.

Premiums have been waived for working clients on the Medicaid buy-in program and working requirements have been waived during pandemic.

HCPF is still seeking approval from CMS on self-attestation for some eligibility documents.

Klueckman reviewed progress made in processing applications, as shown in slides 15 - 17. There was a backlog due to changes to CBMS as part of the transformation system upgrade in 2019. Eligibility techs had delays due to training and learning the new system; also there were system “challenges”, primarily in October thru December. January thru March techs focused on backlogs. In January there was decreased timeliness for applications, as redeterminations were given priority. There was a time lag in March due to the number of new applications, but they are now meeting standards for processing. She provided the following data on processing times for medical assistance applications:

- 34% approved within 1 day (real time eligibility via PEAK)
- 46% approved within 5 days
- 79% approved within 30 days

This data does not break out LTSS, which has a 90-day requirement – she will provide that information soon. Klueckman also mentioned the new COVID Uninsured benefit to cover COVID testing only.

**Bonnie Silva, HCPF updates:**

She mentioned a just-received DORA guidance regarding nursing students, which is available at: <https://content.govdelivery.com/accounts/CODORA/bulletins/286e1c8>. It appears that this may provide more flexibility in staffing with not fully trained and certified nurses and CNAs.

She then reviewed guidance for nursing facilities by MUST, SHOULD, and MAY – the full lists are in slides 23–25. For example, “Restrict Visitors” is a Must. “Divide staff into teams serving the same residents/units every day, to minimize mixing” is a Should. “Suspend PASRR Level I and Level II assessments for 30 days” is a May.

Silva mentioned that the COVID-19 certification training is available; however, to register for free you had to register 4/17/20. If signed up by 4/17, providers can take the training through the week of 4/20. Starting the week of 4/20, there will be a reduced fee of \$5 to take the course.

Silva asked providers to complete the workforce shortage survey, which is needed by 4/20/20. It is gathering information about staffing in hopes of identifying gaps and where HCPF can help. Next steps include working on how to implement the increased funding approved by the governor. Silva encouraged providers to take concerns to their trade association, but they are still free to directly contact HCPF.

**Note: Not all of the above information is included in the webinar slides.**

**HCPF NF WEBINAR      NURSING FACILITY TOPICS      Effective Date: 4/10/2020**

**Summary:** There is a PPE Allocation Guidance Group in the works to assist with the distribution of PPE – there will be more information next week. HCPF is now getting data from CDPHE on the outbreaks and will be tracking all members in these facilities and reaching out to see where they can help. Currently there is not a shortage of hospital beds, ICU beds, or ventilators. Greg Schlosser, CDPHE, stated that licensed and certified home health and hospice agencies are considered essential personnel, so providers cannot restrict them from entering their facilities. HCPF reviewed the Crisis Standards of Care, which have not been activated.

HCPF is seeking approval thru an Appendix K waiver to exclude the PMIP requirement from annual and CSR reviews; medical professionals are busy and this is causing delays. Thru the 1135 waiver, HCPF is requesting to waive signatures for LTSS eligibility. There are several requests that would impact nursing facilities in State Plan Amendments (SPA) that HCPF has requested:

- Enhanced Payments for Nursing Facilities (NF) & Intermediate Care Facilities (ICF)
- Waive Level of Care Assessments for NF-to-NF Transfers
- Waive PMIP for Home Health, PACE, NF, and ICF
- Suspend IMD Status
- Staffing Flexibility for NF, ICF, ACF

HCPF is exploring enhanced rates for nursing facilities and ICFs and extending the length of HCBS respite. A new 100.2 assessment is now good for one year. The start date of the certification for initial admissions is the date the client is admitted to the nursing facility with Medicaid as the pay source. The slide presentation contains resources/links from the Alzheimer’s Association regarding maintaining social distances, etc. for residents with dementia. Although HCPF did not list nursing facilities as a participant in this week’s call, they might want to participate in next week’s call. Kim Bimestefer, HCPF ED, will be on the call - also Maribell Kaufman with Eligibility to address and give updates on eligibility issues.

**Note: Not all of the above information is included in the webinar slides.**

**[HCPF OM 20-038](#)      TEMPORARY TRAINING AND CERTIFICATION OF NURSE AIDES**

**Effective Date: 3/01/2020**

**Summary:** Per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, CMS is waiving the requirements that SNFs and NFs may not employ anyone for longer than four months unless they met the training and certification requirements under Section 483.35(d). Nursing facilities must ensure that uncertified staff working as nurse aides under this provision are adequately trained and competent to perform tasks assigned to them.

Through the duration of the COVID-19 public health emergency, nursing facilities may allocate these uncertified staff who perform direct health care tasks the same way they allocate licensed staff in Med-13 reporting. Additionally, these expenses must be reported in a separate working trial balance account titled 'Unlicensed Health Care Salaries - COVID 19'.

**[HCPF OM 20-034](#)      UPDATED CASE MANAGEMENT OPERATIONAL CHANGES IN RESPONSE TO COVID-19**

**Effective Date: 4/07/2020**

**Summary:** Supersedes OM 20-018. Effective date 3/11/20. Authorizes case managers to use electronic video for any contact or assessment for programs including nursing facilities, alternate care facilities and adult day services. Phone can be used if the member does not have access to electronic video. Initial and continued stay reviews are authorized for up to a year.

**[HCPF NF WEBINAR](#)      NURSING FACILITY ADMISSIONS      **Effective Date: 4/03/2020****

**Summary:** Understanding of CDPHE and HCPF is that a NF cannot require a negative COVID-19 test as a condition of admission. Re PPE shortages, reach out to local emergency response manager or local public health agency. There is contact information in the webinar slides.

**[HCPF CMA and HCBS WEBINARS](#)      **Effective Date: 4/03/2020****

**Summary:** For transfers between nursing facilities for COVID-19 treatment purposes, a new ULTC 100.2 is required. The Department will implement continuous enrollment on Sunday, April 5, to lock in members' existing Medicaid eligibility from March 18 through the resolution of the pandemic.

Case managers will be able to approve the PARs and providers will be able to bill, without the redetermination. Clients who lost eligibility before March 18 due to missing redeterminations will have to reapply for Medicaid. The \$1,200 stimulus payment does not impact financial eligibility. There is flexibility re required verification documents for eligibility. Until bank statements are received, an attestation can be submitted. Some counties don't understand that when someone moves from the community to a nursing home there are 60 days to get the PMIP – HCPF will follow up with the counties. Re whether there can be hazard pay during the pandemic: HCPF is working with CMS and the legislature to understand how to best prioritize and support all providers.

**Note:** there is no link to this information, as this was part of the Q&A, not in the slides.

**[HCPF OM 20-032](#)      TELEMEDICINE      **Effective Date: 4/01/2020****

**Summary:** Authorizes use of telemedicine via telephone, live chat or video conferencing for physician services that do not require in-person visit. Includes physician visits every 30 days for the first 90 days after admission and at least every 60 days thereafter, through the duration of the COVID-19 public health emergency. Restricts PT, OT and Hospice services to audiovisual modality. The member must consent verbally or in writing.

**[HCPF OM 20-030](#)****PASRR COVID-19 UPDATE 2****Effective Date: 3/20/2020**

**Summary:** Authorizes additional temporary changes to PASRR. Level I screens and Level II evaluations will be suspended for 30 days for new admissions. All new admissions may be treated like exempted hospital discharges. No PreAdmission Level I Screen (PAS) is required to be submitted to eQHealth. After 30 days, new admissions for individuals with SMI or IDD shall receive a Resident Review. The nursing facility shall submit a Post Admission Level I Screen (PAL) to eQHealth after 30 days.

New preadmission Level I screens and Level II evaluations are not required for residents who are being transferred between nursing facilities. If the receiving facility is not certain whether a Level I had been conducted at the resident's previous facility, a Level I may be conducted by the admitting facility. A Resident Review should follow a positive Level I screen.

For current residents, Level II evaluations, Resident Reviews and Status Changes, should be completed remotely, using telehealth or other technological means. Single Entry Point (SEP) agencies will not need a PASRR authorization in order to issue a certification for nursing facility placement. The start date of the certification shall be the date the client was admitted to the nursing facility for initial admissions and the date the Uniform Long Term Care (ULTC) 100.2 Assessment was completed for Pay Source Changes (PSC). Providers may use Telehealth alternatives to meet existing needs for the provision of specialized services.

**[HCPF OM 20-026](#)****INSTRUCTIONS FOR NURSING FACILITY CLAIMS WHEN 5615s ARE****UNAVAILABLE DUE TO COVID-19****Effective Date: 3/27/2020**

**Summary:** Provides temporary operational instructions for acceptable billing practices related to delays in receipt of 5615 forms from eligibility sites during the COVID-19 pandemic. Estimated patient liability can be used.

**[HCPF NF WEBINAR](#)****VARIOUS TOPICS****Effective Date: 3/27/2020**

**Summary:** Eligibility will not be lost if county eligibility does not complete redetermination – eligibility is lost only if client requests or moves out of state. Telemedicine is approved temporarily. Relaxation of HIPAA for telehealth. Survey priorities are: 1. Complaint/facility-initiated incident reports triaged at the IJ level. 2. Targeted Infection Control Surveys. 3. Infection Control self-assessments. 4. Initial surveys.

**[HCPF IM 20-015](#)****PASRR COVID-19 UPDATE****Effective Date: 3/13/2020**

**Summary:** Temporary changes to PASRR process. Pre-Admission Level I Identification Screen (PAS Level I) for individuals discharging from a hospital or admitting from the community, will be approved for a 60-day time limited stay regardless of intended length of stay, rehab or Long-Term Care. The accepting Nursing Facility will complete a Post Admission Level I Update (PAL) upon the expiration of the 60 days (on the 60th day). 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.

