



Notes from 07.13.20 COVID TA Call

7.13.20

- **State Dept. Representative Updates, if attending**
- **Alliance Updates**
 - Alliance Meetings:
 - Reminder: This month, we do not have a BOD meeting or an Alliance State Forum. However, please reach out to Alliance staff if you need anything.
 - We will be releasing the Alliance 2020-21 calendar this week. A few things to note:
 - For now, we will schedule all meetings to be virtual for FY2020-21.
 - We will cancel the "Alliance on the Road" September meeting in Cañon City and make it a virtual meeting. We might be able to reschedule for June 2021.
 - We will also need to cancel all sporting events (Community Awareness Events) and the Alliance Holiday Social in December.
 - We will not be hosting IDD Awareness Day at the Capitol in February 2021.
 - We will be hosting virtual Peer Network Meetings in September, March, and June.
 - Alliance/ANCOR COVID Data Collection
 - ANCOR has asked us to participate in a national COVID data collection effort. They are wanting to track positive cases and deaths by county. We might work with the CCBs to track this data. **CCBs, would you be able to provide this data? And by county?** We would love to track a lot of data points but want to keep this effort simple and will likely need a quick turnaround. We also have been hearing most people are safe and healthy due to COVID relief and flexibilities, like retainer payments. This could also help our COVID policy efforts. Contact Josh with questions, suggestions, or if you want to help!
 - Government Relations Updates
 - Alliance's Member-Only U.S. Senate Town Hall with Sen. Bennet. July 22nd from 11:00 - 11:30am. Thus far, we only have 42 RSVPs. Please RSVP now! Call-in/Web info coming soon. GRACE will be hosting this meeting, but we may have some time for questions. Please email questions in advance to Kylie or be prepared to type them in the chat box today. Questions submitted in advance will likely be given preference. If the member-only attendance remains low, we may broadcast on our FB to reach a bigger audience. View the email about this here: <https://www.alliancecolorado.org/communications>
 - This year, we are trying something new! We will have a GRACE Application process every July and throughout the year. You can apply at: <https://docs.google.com/forms/d/e/1FAIpQLSffRIT4mEub8Y60L72yGpXrYuqlRyJBziaW8vCH44n51C35bQ/viewform>
 - It's election season and many of our champions are up for reelection and might need your help. If you donate or volunteer for any legislators or anyone running, please let Emma Hudson know! Emma created a good campaign tracker and highlighted key races that you may want to help out on. It's linked on the [GR page](#) of the Portal.
 - **PPP Loans:** As of last week, there was still \$129 billion remaining in the fund which can be used as forgivable loans, and the application deadline has been extended until August 8. For more information about PPP funding, please visit www.choosecolorado.com.
- **Governor's office Updates**

- Emergency declaration extended to August 5th
- Bars are closed again!
- Still no statewide mask order, but as always check with your counties and local governments to make sure you comply with all ordinances.
- Gov. Polis extended an [Executive Order](#) to expedite the processing of unemployment insurance claims for Coloradans.
- The Governor extended an [Executive Order](#) to maintain eligibility for Coloradans enrolled in Medicaid and the Children's Basic Health Plan until August 11, 2020.

- **CDHS: OEC Update**

- The Human Services Board (HSB) met on July 10th from 8:30am-5:00pm. The majority of the meeting was spent discussing the change in EI Eligibility from 25% delay to 33% delay. DHS staff reported that the JBC rejected their request to increase caseload growth and they are anticipating additional revenue loss due to COVID. CDHS is forced to run an emergency rule to reduce the EI revenue by \$5 million. The JBC said they would revisit the issue during supplementals, but CDHS needs to finalize CCB contracts this month and don't feel they can do so without making a \$5 million reduction to the EI line. After working with Alliance Members of the EI Task Force, CDHS was unable to find \$5 million other than reducing eligibility. If they don't reduce eligibility, they would run out of money in May and might risk federal funding which could cause 9,000 kids to stop getting services. This reduction is expected to close the door to some 2,200 kids per year because they will no longer qualify for eligibility. Because of this important and tough decision, parents and providers testified for hours asking the HSB to delay the vote by one month to look at other options.
 - Although Alliance did not support the reduction, we also did not ask for a delay. Instead, we asked for the state to collect data on deferred costs, revisit the decision in 6 months and again in one year, and to help find services for the kids that are no longer eligible. [Alliance Letter to the Colorado Human Services Board Re: Emergency Rule to Curtail Eligibility for EI Services \(7.8.20\)](#)
- The HSB had a difficult time making this decision. They ultimately voted to make the reduction and will revisit the ruling in one month, and often thereafter. They want this to be temporary and want to increase the eligibility as soon as there is revenue.

- **CDPHE Updates**

- At Josh's meeting with CDPHE last week, we were asked to find out how is the outdoor visitation going for Group Homes. **Send Josh feedback as CDPHE is trying to create in-home visitation guidance and would like to know if there is anything they can learn from this first round of visitations.** They are still nervous about this move and we don't have a timeline for the next set of guidance. A couple of things to note about the guidance:
 - Currently, the Outdoor Visitation Guidance restricts visits to a facility that had a case or outbreak in the last 14-days. Some facilities can cohort cases and have dedicated COVID units. Guidance doesn't speak to that specific situation. They are working on this, probably an FAQ.
 - There will be guidance coming out soon about in-home APS access.
- CMS called CDPHE to inform them that Colorado has been added to the federal list of "hot spots" so there are some federal teams coming to Colorado (FEMA, CDC). In Texas last week, those teams were surveying nursing homes. We are not sure what these teams will be doing in Colorado. They are doing more than just health care facilities. **Please give us a heads up if any of these agencies contact your facility.**
 - Member Chat: We want the CDPHE surveyors to be tested on a regular basis.
- PPE
 - CDPHE just finalized the questions for Group Homes to enter the new PPE tracking system (EM System). Half of the nursing facilities are already on board and group homes will likely be contacted soon. Communications and trainings should be out this week to group homes/ICFs. **It sounds like this could be mandatory soon, so we encourage you all to quickly sign up and participate.**
- Testing:

- State labs are short-staffed, and testing is backing up. Nationally, there is a shortage on tests. The goal was to do 300,000 a month, but they are still a long way away from the goal.
- Assisted Living Facilities are now able to do testing. We asked when Group Homes will be tested, still not sure. We were told residential facilities will be prioritized first over day program facilities if we are ever able to get enough tests to expand.
- **Is your agency contracting with a private testing provider (or another agency) to test your staff? If so, contact [Josh](#) to share your experience!**
 - Member Q: With loss of retainer payments we are going to need to have access to very rapid COVID testing. How will this work, then?
 - Member Chat: Imagine! is looking into becoming a testing site. So far, the process for getting set up has been manageable and comes with no cost: Here is the link to apply and get testing supplies:
https://docs.google.com/forms/d/e/1FAIpQLSd26YFa0UQvy_r4HAHyrF0YcYrNCJf7_khUywi5x-HccUSAmA/viewform
 - Member Chat: ECSDD is a testing site. It has worked well. We continue to work with Banner Health for testing, too. The State Lab has given us PPE, as well as test kits.

- **HCPF Updates**

- **Guidance:**

- [Operational Memo - Updated HCBS Provider Retainer Payments \(July 9, 2020\)](#): The purpose of this Operational Memo is to update Home and Community-Based Services (HCBS) providers and Case Management Agencies (CMAs) that retainer payments will be ending July 17, 2020.
 - We know that puts HCPF in a difficult position with us. Over the past few weeks, they have reiterated that they intended to give us a lot more of a notice, but the CMS FAQ coming out has tied their hands on extending retainer payments.
 - Member Q: Has anyone seen an update from Colin about the change in guidance for OM 20-035 which includes strict guidelines for GRSS individuals to isolate with their families after home and community visits? It was stated on Friday that that memo may have been rescinded or negated by an FAQ. I can't find a change documented anywhere.
 - Tied to a previous PHO. When the PHO changed, that memo was rescinded. More to come still on this from HCPF. Colin said the OM20-035 guidance was tied to the Safer at Home order, but they have not issued any actual communication about that, or a change in the guidance.
 - [Operational Memo - Updated Information Pertaining to Day Program Services in Response to COVID-19 \(July 10, 2020\)](#): New minimum criteria for reopening day programs. Staff and member screening; adequate staffing ratios and reduced commingling; masks required; infection control; structural layout (minimum of 50 sq. feet per person for social distancing); if allowed locally, you can resume up to 50% of your pre-pandemic capacity.
 - Member Q: Which takes priority - the 50% of previous capacity or the 50 sq ft per person? Or do you need to do both?
 - You have to have 50 sq ft per person. If you have that in place, as well as all the staffing requirements and cleaning protocols, then you can go back to 50% capacity

- **Webinars:**

- On 6/30, CMS updated its [Medicaid FAQs document](#), previously issued in April. The FAQ addresses many emergency waiver provisions, and of particular interest, the treatment of retainer funds and other pandemic-related federal fiscal relief. The section relevant to those issues begins on page 23, but readers might find reading the entire document beneficial to understand current changes to Medicaid during the pandemic. **The guidance specifies that states can authorize a maximum of 3, 30-day “episodes” of retainer payments.**

- Providers need to discuss risks of attending day programs with the individual, and assess risk based on the individual's in the Group Home.
 - **FAQ:**
 - Answer to Non-Medical Transportation question from a member: There may be three passengers for a 12-person van. Guidelines for hygiene, cleaning, screening, and social distancing shall apply to vehicles of all sizes per our [Operational Memo](#).
- **CDLE Updates**
 - None at this time.
- **Federal Updates**
 - Overview of the federal Provider Relief Fund:
 - You can apply if you've provided Medicaid services in 2018 or 2019, filed a tax return in 17, 18, or 19, and provided Medicaid services after Jan of this year. Cannot have received any money from the General Distribution.
 - Payments are expected to be 2% of your gross revenues from "patient care".
 - Member Q: I'm wondering if/how people are applying for the Federal HHS funds. I read through all the FAQs and got our TINs verified.... that said, I'm hung up on the language regarding 2% of gross OR loss of revenue in March and April. Most of us won't be able to show loss of revenue for those two months due to retainer payments. I know Bonnie touched on this on Friday but wondering if there are other thoughts out there.
 - ANCOR is working to get clarity on this.
 - Can use the funds to cover lost revenue or health related expenses attributable to COVID (supplies, equipment, workforce training, reporting test results, etc.), so long as these have not been reimbursed from other sources or that other sources are obligated to reimburse.
 - Subject to Terms and Conditions and providers must attest.
 - Application requests info about losses/expenses from Mar & Apr – unclear how heavily this weighs on approval or calculation of payment.
 - **If you make a mistake**, you can complete another form. Your latest application will be used for evaluation. If you make a mistake or need to change anything, you will need to complete another DocuSign application. They advise that you submit the correction as quickly as possible so that the payments can be issued.
 - They reiterated: NPI information is **helpful** to HRSA to **validate the TIN** information. However -- NPI is not required. TIN is the more critical piece of data.
 - **Reporting Requirements:** Separate quarterly report is not required, but HHS will require recipients to submit reports in the future relating to the provider's use of the relief fund money. HHS will notify all recipients of the content and due dates of the reports in the coming weeks.
 - **Timeframe for Using the Funds:** Instructions on reporting requirements will provide additional information on expected timeline for use of the funds. HHS expects providers will only use the relief fund payments for as long as they have eligible expenses or lost revenue due to pandemic. If there are unused funds at the conclusion of the pandemic, providers are expected to return those funds. HHS will provide instructions on how to return those funds.
 - Drafting has begun on 4th COVID package. There is a renewed political will due to surges, with the Senate signaling intention to finish it by their August recess. As a reminder, the House "HEROES Act" passed in May contained several helpful provisions for HCBS providers which we will be advocating to keep in this package. Some of the provisions include:
 - Extended enhanced FMAP for states for HCBS (increase DSP wages, paid leave, hazard/OT pay, COVID trainings, etc.)
 - General FMAP increase to 14% through Jun 30, 2021
 - Add \$100 billion to provider relief fund
 - DSPs identified as essential workers
 - Etc.
 - Alliance has reached out to our US Senate offices to urge them to maintain these provisions in their version of the bill.
- **Retainer payments discussion:**

- CMS FAQ. We always knew retainers were a temporary solution, but hoped for more time to adjust.
 - Strategies:
 - We want 100% retainer payments to continue, but clear feds won't allow (pushback on retainers from outside CMS, delayed FAQs, etc.)
 - Have suggested continued retainers at 50% with general fund only (like other states) – can identify a deadline for this.
 - Clarify the federal provider relief fund can cover future losses/expenses after the July 20 application deadline (not dependent on losses in Mar-Apr)
 - Member Q: With the lack of clarity, are organizations going to put in for HHS funds since the application is due 7/20?
 - Member Q: Is there any talk of extending the 7/20 deadline for the HHS funds?
 - Not that we know of yet.
 - Get flexibility around the “clawbacks” provisions in the FAQ – HCPF has said they cannot operationalize this. (PPP loans)

- **Polls**

- **Federal Provider Relief Poll** – [CLICK HERE!](#)
 - Member Chat: The March and April piece in the instructions is really our concern. The language is ambiguous at best. We submitted using only those two months.
 - Member Chat: for those of us that got PPP loans, we don't want to jeopardize that loan for this.
 - Bonnie said she was going to talk to Federal partners tomorrow, right? I was *hoping* that they would give some sort of feedback that we could record what the losses would have been without retainers.... doubt it.
 - Her call is with the programmatic people at CMS who oversee HCBS regulations. This fund is being administered by HERSA, in partnership with the United Healthcare Group. We don't think she realized this when she responded. We will ask her to contact HERSA as well.

- **Discussion on Retainer Payments and Alliance Strategy**

- We always knew retainer payments would be a temporary solution, but we thought there would be more time to plan before they came to an end. Alliance has been talking with Alliance leadership, ANCOR and other states to try to find a strategy to mitigate the loss of these payments. A total of only 90 days of billable retainer payments was decided on by CMS because apparently back in 2018 they let one state do it and they had to stick to their own precedent on that. Retainer payments were implemented with such variability across the states, some never implemented, some did, many have different parameters around accepting the payments, etc. We were VERY fortunate when it came to retainer payments and we were one of the few states to implement the payments and did it well.
- We have floated the idea of 50% retainer payments with HCPF but have not heard back. FAQ does not say if states are allowed to do that or not, but at least we have put the idea out there.
 - We have traction at the state level to try and do this. Doing this on federal level would be a huge invest of time and effort.
- Clarifying the provider relief fund dollars and how those can be used is on our strategy list.
- Claw back Provisions – they retroactively threw in guidance about information that states have to collect from Providers, such as whether you've applied for a PPP loan, how much you received if so, etc. HCPF does not have the manpower to survey all our providers. They are working to get flexibility on this provision.
- Discussed making sure our providers are not at risk of having to pay back funds you accepted not knowing there were provisions like having to maintain all your staff, etc.
- Member Q: Any movement on the "block" units? In the elder, blind and disabled program, it is funded in two ½ day blocks. If you are able to adjust the units of delivery, I think you can artificially adjust your staffing ratios to accommodate this. There are subtle tweaks they can make to personal care, respite, homemaker etc that has a better rate for those lower SIS levels as part of a tool we need to use.
 - HCPF put together an ad hoc group that had several meetings to discuss strategies for walking back retainer payments. A couple of our members were involved in these discussions.

- There was absolutely a commitment from HCPF that they clearly understand that the financial flexibility of the retainer payments provided allowed us to provide a lot of creative services to meet peoples needs. They heard loud and clear that if retainer payments go away, so does the flexibility. It felt like they thought the most reproduceable thing was “block” units because they already do it in different waivers. At our last meeting with this smaller group, Candice did not seem to have a grasp on what would be needed to do this.
 - **Discussion on Day Programs**
 - Part of our strategy should be around not having floods of money leaving the overall line item for services that we provide, which we think will happen, so if HCPF has cold feet overall about blanket retainer payments anymore, we should encourage a nuanced approach as far as vulnerable individuals and targeting some of those to maintain funding for those people and think about it from a level of protection as well. People who can come back and are willing to come back are nowhere near the same as it used to be. When HCPF is looking at day services, they have a great idea of what spec hab is, but they don’t seem to understand SEC.
 - We should emphasize with HCPF the fact that our rates are based on the congregate model. Nothing about the severity of the virus has changed, so we cannot yet congregate like we used to. We need to be advocating for adjusted rate assumptions based on new normal at this point.
 - Member Chat: Another day program issue we haven't mentioned is the future of Supported Employment. With unemployment somewhere between 10-15% in the typical population, I can't imagine we're going to find community jobs for the people we support. I think SE is going to crash.
 - Need to continue the alternate locations for Spec Hab in order to continue that at home.
 - Member Q: If HCPF is worried about applicability across Waivers, does that mean we can stop doing Support Levels and SPALs?
- **Q&A**
 - What other agencies are doing?, If HHPs can provide Day Hab services to their own residents of course with in the service description (IDT approved), can we hire the HHP as independent contractors if the participant cannot return to their current day program safely.
 - One of the things you mentioned in the last week FAQ was the continued use of Technology and using waiver services to pay for tablets and such to continue services (like day program or telehealth, etc), that that cover just the cost of the tablet, or a data/phone service plan as well? So, could it be used to continue to carry a virtual program for clients and those costs are covered by the waiver?
 - The FAQ did say that states can use funding to purchase tablets and other tech to help them engage in remote services. It did not speak to WiFi, which we know is a big barrier for some. We do not recall if it spoke to specific virtual programs. We did suggest to HCPF that they allow this use of waiver services.
- **Dates to note:**
 - HCPF TA Webinar: July 17, 2020 - 12:00 - 1:00 p.m. MDT (Send question/comments to Alliance. We help determine what they will answer/cover!)
 - HCPF Provider Webinar: July 24, 2020 - 12:00 - 1:00 p.m. MDT
 - Next Team Alliance Webinar will be on July 27th at 11am
 - Direct Support Professional Recognition Week is September 13-19!