



Notes from 5.18.20 Weekly COVID TA Call

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- **State Dept. Representative Updates, if attending**
 - None at this time.
- **Alliance Updates**
 - Alliance Meeting Week:
 - The Alliance Executive Committee Meeting on May 20 has been canceled as everything can be covered at the Alliance Board Meeting.
 - The BOD Meeting is at 9:00am on Thursday, followed by the Alliance State Forum with CDPHE and CDHS at 10:00am, then the Alliance CCB Peer Network will start at 10:30am, and finally, CCBs will be meeting with OEC at 11:00am.
 - Alliance office is closed Friday and Monday for Memorial Day weekend.
 - Webinar Meeting schedule:
 - We will not be hosting this TA Webinar next week. The next TA Webinar is on June 1 at 11:00am. We will be reaching out to members to determine how often we need to meet after June 1.
 - HCPF will not host their webinars this Friday. We expect the next HCPF webinar will be on Friday, May 29th.
 - PR Update:
 - #MoreRevCO
 - Josh recommended that Alliance sign on to a [letter](#) from a very broad coalition of organizations to ask Governor Polis and the CO legislature to consider using the emergency tax option under TABOR. This campaign is led by the Colorado Fiscal Policy Institute. We have attached more information about the [TABOR Emergency tax](#) and the [More Revenue campaign](#).
 - 135 organizations signed the letter, including Alliance.
 - More information on this:
 - [CCDC Outreach](#)
 - [Campaign website](#)
 - Alliance/ANCOR CO PR Campaign
 - Tara Kiene of Community Connections' article in the Durango Herald: [Colorado leads for people with developmental disabilities during crisis](#)
 - I'm happy to share that our Board President and Mosaic Colorado Springs ED, Cheryl Wicks' op-ed was published this morning in the *Colorado Springs Gazette*: [GUEST COLUMN: Colorado leading in support of people with disabilities](#)
- **Governor's Office Updates**
 - Gov's [updated timeline](#) for Safer at Home
 - May 25th: Gov will decide if ski resorts, restaurants, day camps can open
 - After June 1, state will decide if Safer at Home can be further modified to phase in other things, like summer activities and public spaces.
 - [Economic Forecast Shows COVID-19's Significant Impact on Colorado Economy](#)
- **Colorado Legislative Report by Emma Hudson Consulting and Colorado Legislative Strategies**
 - As of this morning, the JBC is still \$2B in the hole, after all the decisions and cuts they have made. We are not surprised, because even though the JBC has been doing incredible work, they have punted a lot of the big, tough decisions until this week, including the Common Policy rate which has not been decided yet.

We will get a lot more information today and this week. Members should have received Emma's recent Alliance Capitol Chronicles email in which she says the legislative session should be back up and running on May 26, although they may push it back again. They are trying to give the feds as much time as possible to get relief into the hands of state lawmakers before they push the budget through. We don't think the feds will be able to move fast enough for the timeline we are working with. It is likely May 26 date will stick.

- The Revenue Forecast was last week and we saw that both the Legislative Council and the OSPB Forecast showed well above a \$3B deficit, closer to \$4B if you include all the necessary expenditure and this current fiscal years' debt we have to pay. What does that mean for us?
 - The Common Policy rate reductions - we are hoping for a decision in the next hour, but the JBC has been reticent to make a decision. They are clearly not wanting to hurt providers and have discussed this a lot. They have discussed a 5% cut to providers across the board. We are hoping this does not happen, but if it does, we have done a lot of lobbying with the JBC members to try and explain the nuances of the IDD landscape related to providers and we have asked for flexibility to have Robin Smart, the JBC analyst, provide some thoughtful analysis related to IDD. We hope they come closer to 3% cut instead.
 - **Update at 4:00pm on 5/18/20: The JBC has voted to reduce provider rates by 1%. The JBC hopes they don't have to revisit this vote and make further reductions.**
- The JBC just voted on Early Intervention and we were able to save the 2019-20 funding they were considering cutting. However, as of right now, there is no caseload growth included for 2020-21. If there is EI caseload growth, we would have to come back with a 1331 supplemental in January. We have worked hard to have the proactive caseload growth, so this would be an upset.
- HCPF has not cut DD enrollments, so we still have the 399 emergency enrollments on the docket, and 240 still there for the churn. They have delayed a decision that would have combined the SEP and CCB Case Management lines. The JBC decided to sweep the IDD Cash Fund and moved it to the General fund to try and help balance the budget.
- It took the JBC two weeks to get to \$2B in cuts, and now they have about three days to figure out the other almost \$2B in cuts, so the cuts will get larger and less precise this week. Higher Ed will likely get almost 40% of their general fund cut.
- Thank you to Emma and Jim for representing us at the legislature. 5% rate cut is not great, but compared to higher ed being cut by 40%, this is a testament to Emma and Jim's efforts, as well as the whole membership when we were pushing our END THE WAIT Campaign to legislators. We built up a lot of recognition with that campaign and even though it is hard now, these things have helped spare us.

- **CDHS: OEC Update**

- Question from chat box: There is a proposal from the department to change the EI eligibility from 25% delay to 33% delay. It is our understanding this can be done through an emergency rule change and does not need approval from the JBC. Josh has been working with the OEC on whether they plan to move forward on this or if they just need to make additional cuts. We will push back on that percent change.
- Letter to CCBs/EI Providers from Michele Barnes and CDHS CFO re: Budget cuts
 - The letter asked CCBs for additional information or discussion items on how they can cut EI budgets. We are all struggling to figure out where the cuts would happen.
- CCB Contracts will be extended by two months.
- *We will cover EI updates at the Alliance CCB Peer Network Forum on Thursday at 11:00am.*

- **CDPHE Updates**

- **Questions/responses from last week:**
 - Who decides where the testing sites are located? Just curious as we have none in our 4-county catchment area - Garfield, Eagle, Pitkin, Lake.
 - ANSWER: It is my understanding that all testing sites decisions, operations, and implementation are occurring within the HAI and Outbreak team responsibilities within the Disease Control and Public Health Response Division in collaboration with the SEOC. I would suggest contacting either Wendy Bamberg or April Burdorf re: those questions. Here are their contacts:
 - Wendy Bamberg: wendy.bamberg@state.co.us

- April Burdorf: april.burdorf@state.co.us or 303-692-3514
- Do we know who has access to the Connect to Care system? When will IDD providers be invited by CDPHE to participate? (Submitted to HCPF/CDPHE)
 - ANSWER: HCPF Office of Community Living, in partnership with Advancing State and the Centene Corp., are spearheading this project. I'd suggest either connecting with Bonnie Silva on these questions, or using this email address for questions: help@connecttocarejobs.com.
 - For ICF/Group Homes: The first step to register, is to complete your initial intake form through this link: <https://www.surveymonkey.com/r/ConnecttoCareJobs>
- Last week after following up with PASAs, Alliance submitted 18 errors on the Isolation Plan tracking sheet to CDPHE. Can you confirm those errors were corrected and all IDD group home plans have been submitted?
 - ANSWER: Yes, I can confirm that we have received 100% of the required GH submissions for facility isolation plans. 100% return rate from Alliance Members -- that's amazing! :)
- **Safer at Home: Nursing Homes and Congregate Care Facilities Webpage:**
<https://covid19.colorado.gov/safer-at-home/safer-at-home-nursing-homes-and-congregate-care-facilities>
 - This is a new resource for many congregate residential settings. We are confident members are already practicing this guidance, but you may want to review. Some examples: restrict visitation of non-essential visitors, develop an isolation plan, screening prior to entering the facility, screening documentation, and how to protect residents: no communal dining, active health screenings, safe visitation, and no congregating.
- ICF/Group Home COVID Prevention and Rapid Response Checklist for Long-Term Care Facilities
https://drive.google.com/file/d/1DOQdZHMCKXv1XvMG_FtuFLpOXnc6Y92/view
- **HCPF Updates**
 - **New guidance:**
 - [Operational Memo OM 20-055](#): COVID-19 Guidance for Non-emergent Medical Transportation Providers. Issued May 11.
 - This mirrors Non-Medical Transportation guidance previously issued.
 - [Operational Memo OM -20-056](#): Informs Transition Coordination Agencies (TCA) of temporary changes to transition coordination activities during COVID-19 pandemic. Issued May 11.
 - TCM-transition coordination (institutional transitions); mirrors other CM guidance issued to date about collecting e-signatures and conducting visits virtually.
 - [Operational Memo OM 20-057](#): Day Program Service Operations Under COVID-19 Safer at Home Order and [COVID Screening Questions, Staff and Visitors Form](#). Issued 5/12/20.
 - Does not stray far from guidance that was already in place. Day Programs can operate with 10 people or less, including staff, no matter how large the facility is. Outlines screening requirements, etc.
 - We have gotten a lot of questions about when you can reopen and how. For the time being, while retainer payments are still in place, we still have the additional flexibilities to conduct services remotely. Alliance staff recommends you use a conservative approach to following that guidance and COVID cases are still prominent and IDD providers will be under scrutiny as they reopen day programs.
 - [Operational Memo OM 20-059](#): Operational Memo for Provider-Owned residential settings regarding the handling of Federal COVID-19 stimulus payments. Issued 5/13/20.
 - Prompted by advocacy. GRSS & HH – stimulus payments shall not be considered in provider reimbursement calculations – payment must go directly to resident or guardian and deposited into the personal needs account. PNA is allowed to temporarily exceed the resource limit, up to the amount received for 12 months.
 - **HCPFs Friday Webinars Highlights**
 - Dental benefits cut from \$1500 to \$1000. PACE vendor rate cut of 2.37%. The JBC rejected HCPF's request for more staff, despite 44%-member growth in Medicaid.

- Best and promising practices in service delivery: blending in-person with remote services; using HHPs and day program staff who are not currently working to provide respite. Remote options have increased participation for some and is a better option for some services for those who have anxiety with in-person meetings.
 - Encourage providers to have crucial conversations and understand that there is no one-size-fits-all approach to navigating all issues with COVID. E.g., if a person living in a HH wants to return to work but the HHP doesn't want them to, HCPF will not be issuing specific guidance for this instance.
 - Connect to Care job website: log in to CDPHE provider portal to find the message from 5/8/20 and use the link to pre-register for the Connect to Care website.
 - EMResource & Point-in-time CDPHE portal survey:
 - EMResource is an online platform that hospitals use around PPE needs, bed capacities, etc. HCPF wants this up and running for all congregate residential providers. Group homes will be added in coming weeks.
 - Survey is a temporary stopgap until EMResource is live for all residential providers.
 - Looks like we will get the enhanced 6.2% FMAP at least through 6/30/20, but likely through the end of the year.
 - HCPF is working on updating guidance around visits to residential settings right now.
- **CDLE update**
 - None at this time.
- **Federal Updates**
 - House dropped and passed its version of the 4th COVID funding package. The great news is that there will be HCBS "grants" in the form of a 10% FMAP bump, specific to HCBS programs. Would allow HCBS providers to use the funds for overtime/hazard/differential pay for DSPs, paid sick/family/medical leave, and provide services to people on the waiting list, and provide funding for PPE not covered by Medicaid, etc. Also includes a general FMAP bump of 6.2%, increasing to 14+% . Expands PPP program to non-profits with more than 500 employees and adds \$100B to PHSS emergency fund and specifies HCBS providers are eligible. With the political climate this is a big win for HCBS – several groups did not get any help (dentists, pediatricians etc.). Well done everyone! Now we need to protect it!
 - [Congressional briefing on Thursday](#) – Mosaic of Colorado Springs represented! One of their host home providers testified!
 - PPP Loan Updates
 - [New FAQ Posted by SBA](#)
 - Eased the penalties for agencies that took out PPP loans less than \$2M.
 - Check out [Alliance's mid-week update from May 13](#) has some helpful resources for anyone that took out a PPP Loan.
 - PPP forgiveness application for PPP: <https://home.treasury.gov/system/files/136/3245-0407-SBA-Form-3508-PPP-Forgiveness-Application.pdf>
- **Q&A from Chat Box**
 - Have you heard if a date has been released when the benefits "lock in" date ends?
 - We know the FMAP bump we received continues through the end of the quarter in which the Federal Declaration of Emergency ends. We believe the Maintenance of Effort requirement is tied to that additional FMAP. We will double check on this though.
 - Have you heard of progress with broadening malpractice/liability insurance to cover COVID-19 related grievances/actions? Some are outright excluding this, and others are defining coverage unclearly.
 - Some companies are excluding those because they are pandemic related.
 - We will follow up on this.
 - Would the 10-person guideline still be true if the program were held in two separated offices in the same building?
 - Until you hear otherwise, read this guidance conservatively and consider it 10 per facility regardless.
 - We will also follow up on this.

- Additional comments and questions on this topic from the chat box:
 - Transportation with one per vehicle is going to be a barrier as we open in small groups.
 - Opening day program at a moderate rate with less than 10 people per site makes this a financial disaster!
 - We have started to open 1:1 Day Program. We have done a limitation of 10 people for SpecHab with 6 ft social distancing.
 - Are most day programs that are open allowing essential services to be provided at day program with screening and guidelines?
 - Randy expressed concern that the size limitation is of great concern. The main facility where they provide day program also houses their admin side of their business, like accounting and HR. Even during this shutdown there are 6-8 people in their large building. Randy reached out to Colin Laughlin after the Friday webinar and he has agreed to discuss this issue with Randy and Rob DeHerrera from DDRC. Both NMCS and DDRC could segregate their building by using separate entrances, bathrooms, etc.
 - Agree with Randy's concern about limits in one building when admin staff are present but separated but count towards the 10-person limit. Agree with Kristie's concern with prohibiting family visits while OK'ing day program. Also, the 1 person per vehicle is a big issue.
 - Some of the overall concern DDRC has is the consistency in messaging for people who receive residential supports that although they cannot visit with family members or come home with them or into the community with friends or family without committing to a 14-day self- quarantine, but we are going to let them return to day programs. This is a hard sell for families struggling to see their loved ones. DDRC has two 45,000 SQ buildings with multiple entrances, so as they look at reopening, it does not mean they want to bring huge amounts of people back, but they want to prioritize any individuals living with someone who may be an essential worker or needing to return to work onsite. What does that look like for the folks we support?
 - Where is the pressure coming from to return to day programs? It sounds like it is something needed for those essential workers to be able to work.
 - Can group home residents go to Day Program?
 - Are day programs allowing behavior services, PT, OT, SLP services?
 - We are continuing to provide modified programming with one-to-one services for day program. We are mostly seeing our higher needs individuals (tier 7s, higher behavioral needs, etc.) participating in services right now. I like the idea of a survey to see what needs will look like for people wanting to return to programming.
- **Open call to Membership Discussion**
 - **For Discussion:** Given the growing scrutiny around PPP loans, we want to know how agencies are approaching the process. Did you receive a PPP Loan and find that, with retainer payments and/or other COVID relief, you don't need the PPP loan to cover payroll? Is your agency considering or planning to send the loan back?
 - From a member: You can use PPP loan (forgivable) funds to pay sick time for quarantined folks
 - **For Discussion:** What are your ideas, thoughts, questions, concerns about re-opening day programs? While we await HCPF guidance, we want to hear from you if your agency is making plans, and, if so, what are they? Do you have opinions on what HCPF's guidance should say?
 - **For Discussion:** Is your agency passing on the funds from the temporary COVID rate increases to DSPs, including host home providers? If not, why not? What other expenses are you covering with these rate increases? What mechanisms do you have in place to track how you used the funds resulting from the temporary rate increase?
 - **For Discussion:** (Congressional staff request via ANCOR) Are you experiencing more difficulty hiring right now because wages are too low?
 - **For Discussion:** (Member Request) How are other PASAs or CCBs handling compensation for staff who end up being quarantined with presumed or confirmed case of clients with COVID?
- **Questions from Members for Departments:**

- We were hoping you could provide us some direction. A CCB advised one of our HHPs that they should be reimbursed for services. The individual in the provider's home chose to stay with his mother during the quarantine period. The provider indicated that they made daily phone contact with the individual receiving supports. It is our understanding that would not qualify for reimbursement.
- We are hearing some individuals in HH and group homes want to use their stimulus check for room and board. Is this allowed? To clarify, this question is in relation to individuals who may have SSI payments reduced due to wages and owe back pay.
 - The memo said that stimulus payments shall not be considered in provider reimbursement calculations. We don't know if provider reimbursement calculations include room & board. Can any members clarify? When providers are acting as the representative payee for a person, they need to be depositing these funds into the person's Personal Needs Account, and to Ellen, this means it cannot be used for room & board, but we will have to follow up.
- The 5-13-2020 release of the COVID-19 Preparation and Rapid Response for group Homes still states (front page under Social Distancing) "All group activities should be canceled." How does that fit with starting Day Program? Are those clients not included for Day Program?
- What admission criteria are people looking at re: bringing new people into services? DDRC has continued to expand FCG but how and when we bring new people into IRSS settings - Kristie would love to hear any thoughts or discussions members have had with their staff around this.
 - Mosaic has also been admitting FCG.
 - Concern with Host Homes is that what if, despite efforts to make a perfect match, we have to move that person to a new HH?
 - PPCH has moved a few people in HHs during this time and have treated it as a quarantine coming in and going out, with screening and the 14-day quarantine.
- If rates get cut, can we ask HCPF for reprieve on 1407 reporting?
 - We think it will not be a huge savings, but it is on our list to ask the Department/revisit with them. The requirement to report is statutory so it may require a bill to remove that reporting.