

Alliance Questions Submitted to HCPF 7.29.20

- Revalidation
 - Has there been updates on Revalidation? Our Date was 7/21/2020 and we haven't seen the email to start the process.
 - We have heard that PASAs will have a PUC requirement to have an MCT permit under the new round of revalidation. Can you follow up on this?
 - Per chat box on OCL call several weeks ago: (Verbatim in response to a PASA question) The Medicaid Client Transport license is a PUC requirement for all Medicaid providers regardless of waiver and this is enforced by the PUC. Initially, PASAs were not required to have the MCT permit and we don't list it in our Medicaid regulations, but I believe the PUC added it to their regulations. However, PASAs can submit a letter to PUC to waive this requirement if they believe they are a People Service Transport provider. You will need to speak directly with the PUC and appeal to the board for this possibility.

Alliance Questions Submitted to HCPF on 7.22.20

- Retainer Payments
 - Can HCPF provide a general timeline for its work on changing day and employment units (and other strategies to mitigate impacts of losing retainer payments)?
- IRSS Guidance
 - OM-20-035 has conflicting info regarding visitors for IRSS in the memo vs what is in the public health order and the LTSS FAQ for IRSS. Can HCPF clarify on the Friday webinar?
 - For those agencies who have already had GRSS IC surveys, it would be great to be exempted from the IRSS infection control surveys, or at least to prioritize providers who haven't been surveyed. (Submitted to CDPHE/HCPF)
- Transportation
 - Regarding transportation, if two people live in the same home can/do they count as "1" person since it's one household, or are they still considered 2 people. When the rules were only 1 person per vehicle they lifted the restriction to 2 people if they lived together.
- Safety Inspections in Group Homes
 - How should agencies be dealing with fire safety inspections in group homes? They usually are conducting quarterly inspections, but they involve the inspector going into the bedrooms. (Submitted to CDPHE/HCPF)
 - Sounds like a waiver might be available?

Alliance Questions Submitted to HCPF on 7.15.20

Day Hab Guidance

- Questions on HCPF OM 20-070, item #6, bullet 3: *“If a participant or staff begins showing symptoms while in the setting, the setting should cease any further activities, isolate the participant/staff, and sterilize the facility. No resumption of in-person services may occur prior to completion of a 10-day isolation period with at least three (3) days without symptoms. All staff should be required to be tested prior to return with confirmed negative testing.”*
 - If we’re reading and interpreting this bullet correctly, this item 6.3 makes it very, very difficult for any agency to open a day site in person and keep it running. Many of these listed symptoms individuals/staff have on a daily basis even pre-COVID pandemic [due to underlying medical conditions/allergies/etc.]. Now, if any one person shows a symptom, we need to immediately close and can’t return to in-person day hab for at least 10 days of isolation.
 - My question is do we need to close the entire day hab facility or just the one room within the facility where the symptomatic person has been? E.g., if we’ve been following guidance to have the same staff working with the same individuals, and we know other groups have not come into contact with the symptomatic person, can we continue in-person services with those groups while sending anyone who came into contact with the symptomatic person home for 10 days?
 - If the whole facility must close, can in-person services be delivered to asymptomatic people in an alternate location such as the home?
 - I would like to get some clarification on this bullet point. If a participant or staff begins showing *what* symptoms while in the setting? Does this paragraph refer to the prior paragraph, where there is a known case in the home, and the participant has completed a 10-day isolation? And *then* the person comes to Day Program and starts showing symptoms? Or is this more general? If it’s more general and unrelated to the prior bullet point, this could mean that if one participant starts coughing, then the setting would have to shut down for 10 days with at least 3 days without symptoms. That’s really broad. Someone could just have known allergies and be coughing. That person could be sent home. Someone could start a fever because they have an ear infection, and suddenly the entire Day Program is shut down for 10 days because of a fever unrelated to covid. This does not seem sustainable. This seems ripe for Day Programs going out of business in no time. I think we need more specific language, or at least clarification as to whether this bullet point refers to the prior one, or if it is a general statement unrelated to the prior bullet point.

Alliance Questions Submitted to HCPF on 7.8.20

Retainer Payments

- How does the CMS FAQ from 6/30/20 impact Colorado’s plan for retainer payments?

- How will HCPF approach the “guardrails” the guidance states it must include in its App. K?

Early Intervention Eligibility Changes

- At the OEC Townhall today a question was asked relative to eligibility for EI kiddos in FSSP. Until now, Delay Determination of 25% has been sufficient to enroll in FSSP. With the new EI eligibility going to 33%, is that the new threshold for FSSP eligibility? The response was that this was a decision for each Family Support Council, but since FSSP is HCPF’s program rather than DHS/OEC’s, we would sure like to hear from them. Leaving it up to 20 Family Support Councils seems like it would lead to a lot of inconsistency across the state.

Testing

- We have heard some PASAs are going to require staff to get tested before they return to day programs. Can a PASA purchase tests or how can they be accessed from the state? (Also submitted to CDPHE.)
- Any update on when Group Homes will be receiving testing? (Also submitted to CDPHE.)

Technology

- The new CMS FAQ also mentions that states can pay for devices like tablets and telephones to help people access remote supports. Does HCPF plan to implement this change?

PASA Certification

- We have been hearing there is a significant delay to certify new PASAs, which may be causing some community capacity issues. The delay is also driving up costs for providers. We are guessing this is due to COVID workload increases, but any updates and help getting the certifications approved would be appreciated. (Also submitted to CDPHE.)

Alliance Questions Submitted to HCPF on 6.24.20

- Retainer Payments: still most asked question. We are assuming they are now available until July 30th. [Colorado Emergency Declaration Extended to July 30, 2020.](#)
- Group Homes
 - A provider has group home residents that want to return back to work but doing so would cause them to be isolated from the other group home residents. Is there any guidance coming out about people in GRSS settings being able to go back to work?
- Testing
 - Can a DSP be fired if they refuse to take a COVID test?

- Any updates on testing at Group Homes?
- Suggestions for the New Normal
 - I'd propose that the system be modified to allow for a total of 4,800 units of Day Program services (T2021) and that they be billed according to the service provided (Spec Hab or SCC), thereby eliminating the need to write off services, do PAR revisions & providing accurate utilization data.

Alliance Questions Submitted to HCPF on 6.17.20

- Billing/Redesign:
 - When will retainer payments end? **(As always, this was the most asked question of the week.)**
 - Will service description redesign be considered for SH/SCC?
 - Currently because of retainer funds, we are partly providing remote, electronic, one-on-one modified outing, so billing is not an issue. But as we move forward, the back-and forth can be confusing.
 - When we can expect the new 20-21 rates to be posted?
- Transportation:
 - When is the State going to consider updating/alleviating restrictions related to non-medical transportation? **(This was the second most asked question of the week.)**
 - I know that Medicaid said one person per vehicle, but in our vans we can fit three people in their who are still 6 feet apart. The problem is that it takes us three hours and a lot of gas to get them to work and home. I guess I will need to know if they are going to change the Medicaid transportation rule because people served are coming back to program.
- Telehealth:
 - Can you clarify if HCBS waiver services are approved for Teletherapy extension through Sep. 2020?
- Other:
 - "As the next fiscal year begins, we would suggest advocating for a 4 bed PCA under the IRSS guidelines. This may be a sustainable option to future budget cuts."
 - What are the new dates for CFCM Compliance?

Alliance Questions Submitted to HCPF on 6.10.20

- It came up in the webinar last Friday that no-touch thermometers must be used – is this accurate?
 - Member replied that they have not seen anything regarding no touch thermometers. One submitted a procedure for disinfection of temporal thermometers with their isolation plan and did not receive any guidance that their use was unacceptable.

- CDPHE references only temporal thermometers in their discussion about business screenings.
- Retainer Payments Questions/Suggestions
 - “After reviewing information concerning our day program clients, there seems to be a distinct separation between those who don’t have co-morbid issues and vulnerabilities, and those who do. I was wondering if this could be included in the criteria for the continuation of retainer payments for those who are more vulnerable beyond the retainer payments for those who are not? In other words, two plans for the continuation and the cessation of payments relative to a person’s needs.”
 - “I suggest simplifying day program billing from the cessation of retainer payments through the end of the year. They should make day program units one service and the units be 3 hours. It will make it easier of everyone.”
 - Can HCPF consider retainer funding for IDD camps that cannot open this summer?
- Telehealth/Remote Supports
 - If telehealth is made permanent, can HCPF include music therapy? We have access to testimonials/documentation for the clinical effectiveness of telehealth music therapy.
- \$6 mill rate increase for Denver Minimum Wage increases.
 - What is HCPF’s general plan for this?
 - How do providers go about qualifying as a Denver location? Is it based on where the person served lives?
 - How is the Denver metro area (outlying Denver areas not Denver county) impacted?
 - What if someone moves?
 - How does this work in a HH environment (IC)?
 - Is this unequal access?

Summary of Rates by Service - Denver Rates with Minimum Wage Increase					
Service	Current Rate		CY 2021 Denver Rate	Rate Increase	Percent Change from Current Rate
Personal Care					
<i>Personal Care (Includes IHSS)</i>	\$4.98		\$5.73	\$0.75	15.0%
Homemaker					
<i>Homemaker (Includes IHSS)</i>	\$4.98		\$5.73	\$0.75	15.0%
<i>Enhanced Homemaker</i>	\$7.28		\$8.00	\$0.72	9.9%
Health Maintenance					

<i>IHSS Health Maintenance</i>	\$7.51	\$7.65	\$0.14	1.9%
CDASS				
<i>CDASS Personal Care</i>	\$4.54	\$4.70	\$0.16	3.4%
<i>CDASS Homemaker</i>	\$4.54	\$4.70	\$0.16	3.4%
<i>CDASS Health Maintenance</i>	\$7.51	\$7.65	\$0.14	1.9%
<i>CDASS Personal Care - SLS</i>	\$5.91	\$6.10	\$0.19	3.3%
<i>CDASS Homemaker - SLS</i>	\$4.48	\$4.63	\$0.15	3.3%
<i>CDASS Enhanced Homemaker - SLS</i>	\$7.28	\$7.53	\$0.25	3.5%
<i>CDASS Health Maintenance - SLS</i>	\$7.51	\$7.65	\$0.14	1.9%
Residential Habilitation				
<i>DIDD ResHab - Group Home - Level 1</i>	\$118.00	\$123.91	\$5.91	5.0%
<i>DIDD ResHab - Group Home - Level 2</i>	\$142.13	\$149.66	\$7.53	5.3%
<i>DIDD ResHab - Group Home - Level 3</i>	\$160.83	\$170.01	\$9.18	5.7%
<i>DIDD ResHab - Group Home - Level 4</i>	\$183.49	\$194.79	\$11.30	6.2%
<i>DIDD ResHab - Group Home - Level 5</i>	\$200.99	\$214.66	\$13.67	6.8%
<i>DIDD ResHab - Group Home - Level 6</i>	\$233.45	\$251.03	\$17.58	7.5%
<i>DIDD ResHab - IRSS - Level 1</i>	\$71.49	\$76.15	\$4.66	6.5%
<i>DIDD ResHab - IRSS - Level 2</i>	\$115.50	\$123.65	\$8.15	7.1%
<i>DIDD ResHab - IRSS - Level 3</i>	\$141.15	\$151.98	\$10.83	7.7%
<i>DIDD ResHab - IRSS - Level 4</i>	\$171.84	\$186.24	\$14.40	8.4%
<i>DIDD ResHab - IRSS - Level 5</i>	\$197.47	\$215.64	\$18.17	9.2%
<i>DIDD ResHab - IRSS - Level 6</i>	\$248.17	\$273.36	\$25.19	10.2%
<i>DIDD ResHab - IRSS-Host Home - Level 1</i>	\$66.31	\$70.24	\$3.93	5.9%
<i>DIDD ResHab - IRSS-Host Home - Level 2</i>	\$107.13	\$114.04	\$6.91	6.5%
<i>DIDD ResHab - IRSS-Host Home - Level 3</i>	\$130.89	\$140.09	\$9.20	7.0%
<i>DIDD ResHab - IRSS-Host Home - Level 4</i>	\$159.38	\$171.68	\$12.30	7.7%
<i>DIDD ResHab - IRSS-Host Home - Level 5</i>	\$183.13	\$198.73	\$15.60	8.5%
<i>DIDD ResHab - IRSS-Host Home - Level 6</i>	\$230.17	\$251.92	\$21.75	9.5%

Alliance Questions Submitted to HCPF on 6.3.20

Remote Supports- most asked question.

- Is there any response from HCPF concerning the possibility to bill for online services from day programs after retainer payments are no more?
- Some are still worried about rumors that telehealth services will not be authorized into the future. When will HCPF provide additional guidance on provisional telehealth approvals?

Family Visit Guidance

- PLEASE SEE ATTACHED: Family Visit Guidance Suggestions from Community Support Services, Inc.
- Can HCPF provide an updated Operational Memo clarifying Family Visits? We recognize that Colin said providers should follow the most recent guidance, including FAQs, however, the FAQ on family visits lacks clarity and many providers believe having an official OM helps them navigate these issues with families who want to visit people despite the risks.
- What settings can allow family visits without the 14-day quarantine?
 - Attachment suggests providing guidance by setting type, e.g.: Group Home-Not yet; Host Home-with permission from HH Provider, other residents and a plan/checklist; Settings where the person lives alone, yes but must inform providers that come into the home.
- Can the state release a state-wide Provider Family Visit Check List or Screening Tool?
 - Can the PASA screen family members prior to agreeing to the visit?
- Testing related to family visits:
 - When will testing be available for all group homes?
 - Can testing be available to anyone returning from a family visit going back to a high-risk population? Or everyone in Day Program?
 - Should Day Programs consider doing an asymptomatic test on all staff and people served?
- There is no language that a visit to the member's home should or should not be allowed if the member is vulnerable or there are individuals in the home that are vulnerable. Can the guidance confirm?

HCPF Webinar Follow Up Questions

- At the last webinar, in the chat box - someone asked a question about clients removing their face masks to eat or drink. Colin responded with a generic response that we must ALWAYS abide by the guidance, meaning face masks cannot be removed. How can we offer SCC services and not allow our clients or staff to eat or drink?
- Can HCPF officially confirm with a slide and clarification from Bonnie that the FAQ carries the same legal force as HCPF memos? Providers have concerns that FAQs may change frequently and not all providers may be aware when and which changes were made. Following updated memos that are sent publicly when approved makes it easier to ensure everyone is following the same rules than depending on individuals to check the FAQs for changes daily as it's not easy to see what was updated.
- When will HCPF provide additional clarification about whether retainer payments are still authorized even when providers begin to offer reduced day services?

Repeat Q:

- Can stimulus payments be used to pay for room & board? The regional centers have reportedly received guidance that they cannot. We think perhaps the right interpretation of the guidance is that providers that act as rep payees for people cannot automatically deduct R&B directly, but that once the funds are deposited in the individual's personal needs account, they can elect to use them as desired, including for R&B. Can HCPF clarify?

Alliance Questions Submitted to HCPF on 5.27.20

Top questions from the past two weeks:

- Are providers still limited to 10 people per facility, regardless of the facility's size if groups are separated into two distinct offices within the same building? If each group has its own entrance/exit, and separate HVAC system?
- How long can providers except retainer payments? Just through June 21st?
- How does HCPF plan to make the 1% provider rate reduction proposed by the JBC?
- Some host home providers have received notification that the people they serve have been scored as to their risk of contracting COVID. Will these assessments be shared with PASAs to aid in decision making for receiving other in-person services? Does HCPF plan to make future policy decisions based on these assessments?

Alliance Questions Submitted to HCPF on 5.20.20

Stimulus Checks

- Many members want to verify whether individual's stimulus payments can be used to pay for room and board in host homes and group homes. E.g., when individuals have SSI payments reduced due to wages and may owe back-pay, or if a person owes money toward their monthly R&B payments due to not having enough income to cover those regular payments.

Day Programs

- Are providers still limited to 10 people per facility, regardless of the facility's size if groups are separated into two distinct offices within the same building? If each group has its own entrance/exit, and separate HVAC system?
- Can residents from one group home attend day program together at the same time as long as no other individuals served are present?
- 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." Therefore, are group home residents precluded from attending day programs altogether, or only when one resident is vulnerable?
- Is the dept. planning to revisit the family visit limitations? There appears to be a gap in current residential guidance that allows people to return to their jobs or day programs (if

they want to and are not vulnerable, etc.) without any type of 14-day isolation period. However, the 14-day period is still required for family visits. It is difficult for families to understand why their family member can go out with other providers but not with them.

- After the retainer payments, is the State considering the option of allowing us to bill day program units for remote supports during the transition?

Residential Absences & Payment

- The individual in the provider's home chose to stay with his mother during the quarantine period. The host home provider indicated that they made daily phone contact with the individual receiving supports. It is our understanding that would not qualify for reimbursement, is that correct?

Retainer Payments

- Can we get verification that retainer payments will be authorized through at least June 5th, the end of the state's emergency declaration?

Community Connector

- Can HCPF offer any flexibility with allowing provider to bill for new CC services approved prior to the dept's guidance that CC could not be added to an individual's PAR? Due to the lack of guidance, many parents rendered services and providers already paid them for these services. For example, HCPF could allow billing for services between 4/23 and 4/30 since their guidance wasn't clear from the outset.

Teletherapy for Music Therapy

- There are rumors that HCPF may be planning to stop telehealth for music therapy services on June 30th. Can HCPF provide clarification?

Federal Funding

- Did HCPF submit requested data points to HHS/CMS? Did you submit a cover letter with that, and, if so, would you mind sharing that?

Alliance Questions Submitted to HCPF on 5.13.20

Retainer Payments

- Does retainer billing for a person meet the requirements as a service provided every 30-days to retain waiver enrollment?
 - Example- person home with family and is out of residential services for over an entire month, but retainer billing from a day program occurring. Although we understand no one can be terminated from services right now, does that include the requirement for a billable service each month/30 days? CMAs are contacting PASA concerned with no billing within 30 days.

14-Day Quarantine Guidance Question



- Why does the “no-return for 14-days after visiting your family” apply to IRSS settings? Can this be lifted? Or can there be a waiver? Currently this applies to single setting, like an apartment where only one person is in the residence. (Submitted to CDPHE)

Weekly Webinars

- Would HCPF consider hosting a webinar for Residential/Day Program providers?

Testing:

- Who decides where the testing sites are located? Just curious as we have none in our 4-county catchment area - Garfield, Eagle, Pitkin, Lake. (Submitted to CDPHE)

Connect to Colorado:

- Do we know who has access to the Connect to Care system? Will labor unions be able to access prospective employee information? When do IDD providers get to participate? (HCPF/CDPHE Question)

Day Programs:

- Maybe this will be cleared up with the new guidance, but some agencies believe Day programs can open with 10 or less people and the additional social distancing guidelines. Is this true? If an agency is violating this order, who should we report this to?

Alliance Questions Submitted to HCPF on 5.7.20

Retainer Payments:

- The JBC met this week and talked about budgeting with an expectation that the Colorado Emergency Declaration will last through December. Would this mean providers would get retainer payments through December? Can providers plan for this as well?
- Do you foresee any issues with retainer payments given the emerging CMS guidance limiting retainer payments to the state’s number of nursing home bed-hold days?

Federal:

- CMS asked State Medicaid Directors for data files on Medicaid providers. Did Colorado give the data? If not, when do you expect to submit the data? What kind of data? Any new updates on this process?

Day Programs:

- Please explain to our Residential Agencies day programs that will have 10 or less people including staff, will be monitored initially to ASSURE they will be safe for the people we serve residentially. What can you do to assure they will be safe and what alternatives will we have? Can we insist on not sending them back to day program and have the funding flow to our HHP's instead?

- As you know, if we have to send a person from a host home off to a day program and sound and safe COVID-19 practices are NOT at 100%, then we run the risk of the person we support being exposed to COVID-19 and they themselves being at risk for the disease as well as sound risk for the other people served in the host home setting and the host home providers and family. This is CROSS contamination waiting to happen and we as residential agencies are NOT will to take this risk.

Safer at Home:

- Will the state/feds override the safer at home and keep it stay at home for now for the IDD population?
 - With the Safer at Home coming this Saturday, are we OBLIGATED as Residential Providers to take people out for haircuts, shopping etc. or can we continue to enforce Stay at Home whereby we know people will be safer until more specific guidance and assurance is put in place. By letting people head out to salons, shopping, etc. we run the risk of them not washing hands, disinfecting, etc. and returning to apartment setting where our staff are then expected to provide services and then run the risk of cross contamination when going to work with others, regardless of the intense safeguards we have put in place as an agency.

Summer Camps:

- Is the state going to provide guidance on summer camps? Will there be different guidance for Medicaid billed services verses private pay? Some summer camps are planning to open in June serving people with IDD, and all abilities.

Alliance Questions Submitted to HCPF on 4.29.20

HCPF/CDPHE guidance:

- Can HCPF clarify family visit restrictions v. provision of day hab or other “out of residence” supports that don’t then require quarantine period (and some general lack of clarity in OM 20-046 – temp reading of 100 instead of 100.4, “prohibiting group”, but allowing no more than 10?)?
- Family visit restrictions as it relates to HCBS settings rule (requiring that Medicaid recipients be treated the same as non-Medicaid recipients) – how should agencies navigate this with respect to individual rights?
- Social distancing expectations from CDPHE seem to be that group home residents remain 6’ apart inside the home, which seems to conflict with [Safer at Home FAQ](#) clarifying that social distancing is not required for people you live with: “Keeping 6 feet of physical distance between all people at all times. The 6-foot rule does not apply to people who live in the same house as you -- in other words, your roommates, and family. But if you, your family, or your roommates get sick, you or they must isolate.” (Also sent to CDPHE)

- How should we respond to requests from dentists and other health care providers who want to start scheduling routine appointments (i.e. annual dental exams, physical exams)?
- How should we address other routine inspections (i.e. fire safety) when those inspections introduce new people into the environment?

Rate Increases/Retainer payments:

- Thank you for the rate increases!! Will SLS SPALs increase to accommodate the rate increases?
- Is HCPF considering allowing people to utilize behavioral services in excess of the current unit cap, or considering other forms of relief for behavior services? Providers are seeing higher utilization due to the stress of COVID and some are nearing the limit.
- Is HCPF still considering adding retainer payments for residential? *E.g.*, if a person decides to go home temporarily from residential services (including IRSS-host home), can the residential agency bill for retainer payments?

Testing

- It was announced that testing has started at senior care facilities. We need testing at group homes! Does HCPF/CDPHE have a plan for testing at group homes, ICFs, and other IDD facilities? And how are you “triaging” the testing? (This question was also submitted to CDPHE.)

Supplies

- Concern about the ability to obtain thermometers and hand sanitizer as businesses begin to open and the demand for those items continues to rise. Can either of the Departments assist with that?

Alliance Questions Submitted to HCPF on 4.22.20

Safer at Home Plan

- **Service re-entry:** As the governor looks to relax the stay-in-place order, agencies are anxious to know how long COVID flexibilities (retainer payments, ability to collect e-signatures, provide services remotely, etc.) will last. These flexibilities need to remain in place long enough to ensure that providers aren’t putting people at risk by re-opening services, as both people served, families, and staff likely will not want to risk returning to in-person support any time soon, even if the State of Emergency expires. Will HCPF be issuing operational guidance to agencies on when and how to reopen services? Related Qs/comments:
 - Given the April 27th, 2020 switch from STAY AT HOME to SAFER AT HOME issuance by Governor Polis: Our residential agencies will suffer deeply if the people we support are allowed to rejoin their current day program settings. Day

Program settings would need to make major adjustments before our residential settings would find them safe to attend. The size of people coming together would need to be very small, and we would need to be convinced that all rules are followed for masks by everyone, social distancing by everyone, intense disinfecting procedures, intense hand washing procedures, strict screening before attending, etc. In the meantime, we would like the option to keep the people we serve residentially home, and be able to access either a rate increase that can be utilized to pass on to our direct care providers who would be continuing to provide more services than normal in the course of each day or the ability to perform day program ourselves (and bill for such and reimburse our direct providers for such), where we know we can control the environment and keep people safe. This is critical, and residential providers need clear guidance on this.

- We're wondering what guidance will be placed with the new order around our day programs? My interpretation is we can operate at least 50% capacity if temperature checks and gloves and masks. We're also wondering if guidelines will look different for our summer camp.
- The reopening of Adult Day with the expected continuing social distancing guidelines will pose a financial burden if retainer payments go away. You cannot safely transport or accommodate the same number of people, as before, so the whole operation will be unprofitable until "regular" operations can be resumed, if ever.

- **Technical Qs:**

- For DSPs working in an awake house, while all individuals are sleeping and staff is the only employee in the house, does the DSP have to wear a mask since there is no exception to the governor's order?
- For DSPs working in a sleep house, while all individuals are sleeping and staff goes to bed in the sleep house, does the DSP have to wear a mask while sleeping overnight at the house?
- Public Health Order 20-22 requires closing of "hair or nail salons, spas, or tattoo or massage parlors" until April 30, 2020. Gov. Polis's announcement of "Safer at Home" guidelines allows for reopening of "salons, dog grooming, personal training, tattoo parlors" under strict social distancing precautions on April 27, 2020. Can you explain the omission of massage services? Can you direct me to guidance about resuming non-medical massage services?

Transportation

- RTD is suspending fares, which means we will not be purchasing bus passes for our SLS waiver participants. For some of them, this is the only "waiver service" that they receive in a calendar month. Without it, they will not receive a waiver service and we will need to terminate them. Any update on the plan to remove the service-every-30 days rule?

Billing

- Has there been a change to Community connector hours implemented during the COVID-19 crisis where a client would “qualify” for a certain number of hours per day and this wouldn’t affect their total yearly budget in any way?
- When a person supported is receiving Supported Employment, and they have been laid off due to Covid-19, if they need assistance applying for unemployment, who should be providing that assistance?
- Are there any HCPF rules that prohibit providers from paying host home providers to provide day program services? (We understand that there are labor implications in terms of independent contractor status with this, but we are looking for any other rules that may apply.

Other:

- Does HCPF have a response to our letter to the Governor asking for clarification on health care worker status? [Alliance Letter to Gov. Polis re: FFCRA](#)
- Do you have any Updates on the State PPE Task Force? Most COIDD Providers are accessing PPE but once they start to reopen programs, we are expecting a PPE shortage.
- Any updates on the anticipated rate increases?

Alliance Questions Submitted to HCPF on 4.15.20

Billing retainer payments

- Can providers bill for retainer payments and the same services actually delivered on the same day? These claims seem to be denying as duplicates. [This Q already submitted to Colin/Joanne]
- Will it be an issue if there is a T2034 line more than once on a claim?
- Should we be concerned about the Adjudication Error 1381?
- Can we continue to bill retainer payments for Day/SE services once an individual’s service year ends and a new plan is put into place with new units?

Alliance Questions Submitted to HCPF on 4.8.20

Funding/Planning

- Does HCPF have any special needs or special circumstances funds to deal with individuals and/or providers who have been impacted by COVID? Maybe more specifically tested positive? Seems like a good time to deploy whatever is left in the cash fund?

Host Homes

- We keep getting questions asking if there is any plan for Host Homes if a provider and/or person gets COVID-19 and the agency does not have capacity for a placement.

CCBs/Arcs want contingency plans which is applying additional pressure for some guidance from the state.

Eligibility

- Two people with IDD were furloughed and received letters from their jobs. Both Individuals are wondering can they apply for unemployment and if so our question as an agency is will it affect their SSA/SSI?
- We work with an individual who came into services out of WRRC in January and we have been working with the case manager to change his address and update the county, with weekly check-ins since he transitioned. Now, the case manager has indicated there's nothing he can do because the county offices are closed so we're just going to have to wait or reach out to some other resource at the county of hoping to get it resolved. I know they are working on not allowing anyone to be kicked off of Medicaid during the crisis but what about people who have been waiting for eligibility and are still being provided services without their eligibility being fixed and no plan or timeline to do so?

Billing

- If we bill the individual's SCC units as a retainer does the individual get those units back when this is over?
- If we decide to offer Virtual SCC on a limited basis, can we use Retainer Funds for the balance of units not provided? I want to make sure that I can bill the Retainer for 1/2 of our units and actually provide the service the other 1/2 of the units (in a virtual way). I am not aware of different modifiers for billing retainer vs normal SCC. Can we have HCPF clarify if we will be able to bill for Retainer and Virtual SCC on the same day?
- We have many folks that would normally be working in Group or Individual SE situations that are now staying home. We have worked with these individuals and their case managers to add Spec Hab to their plans and are billing that Spec Hab in alternate locations (in home). We are providing the service the person needs now (Spec Hab) and HCPF isn't allowing us to bill the retainer payment for SE. But if HCPF allows the retainer payment for SE at a later date, we will have lost the ability to bill the higher rate SE retainer because we have already billed the lower rate Spec Hab service. Any advice or guidance to make sure we aren't losing more revenue than we need to?
- Per HCPF guidance, we instructed our billing specialists not to use the telehealth location code of "02" for waivers claims. This is strange and possibly a compliance risk. Can you please confirm that the telehealth location code of "02" is NOT supposed to be applied to HCBS waivers claims? And how long will that be in place? (I am sending this question via this forum as repeated inquiries to HCPF_HCBS_Questions@state.co.us have gone unanswered).
- Can a DSP providing Community Connector for a CES client support the client with virtual visits for other therapies (eg. PT/OT)? Two billable services would be occurring simultaneously.

Alliance Questions Submitted to HCPF on 4.1.20

Enhanced Payments for Providers/Rates

- Is there any update on how HCPF will utilize the 6.2% FMAP bump and additional federal funding to assist providers to cover additional costs related to COVID? E.g., providers would like the option to use funds for hazard pay and other incentives for DSPs to remain on the job, and to cover increased costs for residential services.
- Given that the CARES Act approved providers to bill for time spent by DSPs supporting someone during a short-term hospital stay, does HCPF yet have plans to request a waiver amendment for such a service?

CCB/CMA Questions

- Is HCPF considering a later due date for CCB Applications? This would be helpful, as I have currently lost 2 weeks of work time addressing COVID issues. I would have used that time to work on the application. Additionally, with the restrictions, public forums can't be conducted as they have in the past.
- We started sending in Certification Pages to the County Department of Human Services without yet having the PMIP information entered in the 100.2 as instructed in the additional case management information document. We are beginning to receive them back unprocessed because they don't have the PMIP information entered in the 100.2. Have the county DHS offices been provided with this information to prevent further delays? I have currently instructed our case managers to include the additional case management information document and details in the comments/notes section of the county Sharing Form. Is there a better way to avoid the delays this will cause?

Workforce

- Will our Care Providers be required to carry a letter/card identifying them as essential personnel to justify their work-related travel? Are their badges sufficient?

Billing

- What is the effective date that we can start to bill for retainer payments? Was it retro or starting now?
- We still have parents of children on waivers under the age of 12 who are essential workers asking for permission to use waiver funds to pay for respite during Covid-19 while they are working, which is not typically allowed. Do we have any updates on HCPFs position on this? Parents are afraid of losing their jobs. I was on the Friday webinar and this was not addressed.
- Since we have approval for retainer payments to do day program services from home (if it's in their plan), are there any parameters around how these services are supposed to be documented? We currently have an activity calendar for people to complete, and writing notes. From a billing perspective, are we just to bill for what is approved in their plan (for example if they have 5 hours), or do we need to have something documented for each of the 15 minute unit increments totaling the 5 hours? Not sure if we received full guidance on this but do want to ensure we're handling this properly

FFRCA/Federal Question

- In our area no one is being tested unless they meet criteria for hospitalization, they are just being told to self-isolate at home if they have symptoms of COVID-19. So how does this fit in as far as this Act? They may believe they have it and seek testing but are denied, so it leaves it gray as to if they are covered...

Alliance Questions Submitted to HCPF on 3.25.20

1. Retainer Payments

- a. Has there been any discussion around whether or not retainer payments will apply to other services in addition to SCC/SH? Services of particular concern include:
 - i. Supported employment
 - ii. Prevocational
 - iii. Residential (e.g., if the person's family takes them home with them)
 - iv. Massage & movement therapies (aren't these considered habilitative, and therefore fit w/in CMS guidance?)
- b. Can PASAs bill for retainer payments when the individual served declines services due to wish for social isolation? (We assume yes, but want to make sure)
- c. Has HCPF indicated whether or not they are considering allowing other providers outside of day programs (speech, movement, PT/OT, massage, etc) to bill for services approved in the PAR if the clients refuse telehealth AND in-person services? Lots of people are just dropping services.
- d. If we decided to call our clients to check on them and briefly socialize can we still bill for retainer payments? We are not billing for those phone calls.

2. Administration/Billing

- a. Will HCPF consider waiving the 240 TCM cap for this FY and indefinitely until this is all solved?
- b. Will HCPF/CDPHE protect providers from COVID-19 era claims being audited against non-COVID-19 requirements in the 7-year window for auditing claims? E.g., all the guidance and updates coming from regulatory agencies are not covered in regulation or billing manuals which are the basis for audits.
- c. If people want to go home to family, will family be able to be paid? If people want to go home to family and if family is not paid, will there be the ability to return to the agency post the pandemic without losing one's funding slot?
- d. For parents who still have to work, have a child with a disability and are on a waiver, and the child is out of school due to Covid-19, and the child is under the age of 12, can parents use respite services while the parent is working at this time?
- e. I know they are dealing with perhaps extending the time period on a person needing to receive a service within 30 days to maintain Waiver eligibility. A nuance to that is whether billing retainer units for a person would be sufficient to maintain eligibility?
- f. Alternative Delivery- of Services-
 - i. Does this need to be documented in Service Plan or just documented in provider records, memo does not state Service Plan?

- ii. Since we cannot safely be out in community for SCC or truly accomplish SCC in any alternative delivery method, can we bill available SCC units as Spec Hab or do we need, in each and every case, to revise the Service Plan to re-allocate the units from SCC to Spec Hab – that re-allocation will be hard to predict since the duration of this crisis is hard to predict. (We don't think this is necessary but want to make sure)

3. Residential Questions

- a. With many services previously done in group settings, even with the opportunity to provide the service in an alternate location due to a variety of reasons most individuals are receiving fewer services. This has shifted more of a burden to residential services. Has any thought been given to any temporary increases to services to support these providers? (i.e passing through the 6.2% FMAP to residential for just this period of time?)
- b. Can CDPHE/HCPF allow providers to go over census at GHs and PCAs in the case of need to isolate residents or deal with staffing shortages? If PCAs increase to 4 or more, can the GH licensing process be temporarily waived?
- c. Outings w/ parents/guardians: Unfortunately, we don't even know where the parents/guardians are going with the individual in service or who they are being exposed to, i.e. family members, friends, public outings, etc. When the parent/guardian returns the individual back to the group home (or Host Home), how should we handle the situation knowing that the individual may have been exposed to the virus and potentially could introduce the COVID-19 into the group home (or Host Home Provider, who may have 1-3 individuals in there Host Home). Should we not allow the individual back in the setting knowing that the individual may have been exposed to COVID-19 and could potentially expose other vulnerable individuals within the group home or host home? (This could be communicated up front to the parent/guardian that if they remove the individual from the residential setting that the individual will not be allowed back into the residential setting.) Or, should we take extra precautionary screening processes prior to allowing the individual back into the residential setting?
- d. We have issued a letter to all Host Homes letting them know what steps our agency is taking to minimize the spread of COVID-19. We're hoping they take some of the same precautionary measures. As independent contractors, we don't want to cross the line in giving them demands. Are you giving Host Home Providers any special "guidance" for minimizing exposure outside of their house, especially since they are being paid with Medicaid dollars?
- e. We have a core group of DSPs staffing the group homes. This is the area I view as the greatest risk for virus spreading simply due to the number of staff and shifts required to safely operate the homes. Does the state recommend implementing a working quarantine? What would that definition be? How would we enforce it? (I.E. if a staff person goes out partying one night and posts pictures of themselves on social media, can we as an employer do anything about that?)

- f. Will there be a general protocol or recommendation from CDPHE/HCPF for responding to a COVID-19 diagnosis for an individual in a HH setting? (*Also submitted to CDPHE*)

4. Telehealth

- a. Can telehealth be expanded to Massage Therapy? Some providers would like to provide remote massage, video guided techniques, and send resources to families.
- b. Do we know if HCPF plans to send guidance for SLS services and if we can utilize telehealth?
- c. Will residential agencies have the liberty to do remote services and supports during this time and bill accordingly? (Presumably this would be in situations where the person lives in their own apartment and/or where 24/7 support/supervision is not required)

5. Non-Residential Services

- a. What can be considered “alternative locations” for day services? Specifically, can SCC services be provided in the individual’s home?
- b. Should homemaker services still be provided in the home if families choose to continue these services, and if so, how?
 - i. Some providers are asking the CCBs to ask the individuals/families that receive homemaker services to provide their own cleaning supplies so when the provider comes in to clean, the provider isn’t taking their mops and brooms and such into multiple houses and increasing the possibility of cross contamination from one home to the next. Is this an appropriate role of the CMA? (It seems families should have these supplies on hand, but providers are stating that the families either don’t or won’t provide their own cleaning supplies to avoid possible contamination.)
- c. What is the expectation for providing SLS services with only mentorship being approved for phone/video (groceries, med apts, etc.) if an individual is diagnosed with COVID-19? Who is responsible for setting up the contingency plan?
- d. We are looking for guidance on hands-on Personal Care (although it probably also applies to personal care tasks in residential settings) from the recent Operational Memo (OHM 20-023). We’re being told there are no service modifications, but we’re also being told that all services must be provided using social distancing. We haven’t figured out how to bathe someone from 6 feet away yet. The CDC and CDPHE are also recommending not using masks if both the caregiver and client are apparently well. Some guidance around how best to protect personnel and clients during essential hands-on care would be really helpful.
 - i. Also along the lines of “no modifications” to Personal Care and Homemaker, we’re wondering why there isn’t the ability to do prompting for tasks via telephone or web conferencing? There seem to be opportunities for clients to continue to get needed support in these areas while not exposing either client or employee.
- e. Job Coaching/Supported Employment: Many businesses have laid people off that have one-to-one job coaches and the provider can no longer support that job coaching position. Will there be any relief for agencies who rely upon these revenues as employment opportunities for people with IDD decline?

6. Workforce

- a. U.S. Families First Coronavirus Response Act is causing many providers to ask how they will pay for employees that take leave, especially if they are furloughed. Is the state planning to offer any relief? Otherwise, providers may not have a choice but to fire employees, so they can get unemployment.
- b. Can the state waive its references requirements for new hires to help providers cover staffing shortages?
- c. Some states are shutting down background screening and fingerprinting because they're considering new hires "non-essential". As we work through plans to onboard staff without physical contact via technology and other resources, my concern is what will happen in CO if/when those agencies stop their services. We expect that we'll see a sharp rise in applicants due to other companies closing day programs, restaurants, etc. We want to be sure we can get these people onboarded when that happens. Not an issue at the moment, but I do fear it will come soon and wanted to put that on your radar.
- d. **Essential Personal**
 - i. It is our understanding IDD providers are covered under the [March 22 Order](#) guidance, and [Denver](#). However, because the stay-at-home orders are being released at the local level, some providers are unclear if they are (or will be) covered. Do you have any guidance on this? (*Submitted to CDPHE as well.*)
 - ii. In light of the shifting stay at home orders, etc., what services does HCPF consider essential vs. ones that should probably not be provided at this time? For example, what about respite for CES?

7. Other:

- a. Any idea what is going to happen with EVV? Will it be postponed or delayed?
- b. How will the state ensure that funds from the 6.2% FMAP increased get passed through to providers to help them cover unreimbursed costs? If this results in rate increases for services, can HCPF ensure that level 7 rates receive a commensurate increase as other rates?

FYI- Families First Coronavirus Response Act- You will likely get questions. We are working with our federal association and contractors to learn more and provide guidance.

- Does paid sick leave apply to people who have to self-isolate due to traveling to the mountain communities?
- When will we know if we are considered Health Care Workers and which workers will this include? Will behavior services be included since they work directly with the clients and families? *US DOL will be making this determination, but it is a big issue for CO IDD providers!*
- Would defining us as "healthcare workers" under federal wage and hour laws require a HCPF rule change?
- Would paid sick leave have to be continuous? For example, if we could get staff who were symptomatic enough for telehealth work to cover 20 hours, could paid leave cover the other 20? And continue this for 4 weeks to fully use that benefit?

- Per FFCRA, related to expanded FMLA provision, it states that after the first ten days of this leave, an employee will receive ten remaining weeks of leave paid at a rate not less than two-thirds of the employee's regular rate where qualified. For this can an employer require the employee to use emergency sick leave or other paid time off in conjunction to cover unpaid leave portion?
- Related to FFCRA, for employees who have been furloughed and are not actually working or “clocking hours”, where their situation may qualify for either the emergency paid sick leave or expanded FMLA impacted by COVID-19, would they be able to have these benefits?

Alliance Questions Submitted to HCPF on 3.16.20

1. Will the state make allowances to extend due dates for annual trainings that pertain to groups? *E.g.*, QMAP and SAFETY CARE? We will need extensions in order to not bring people together in close quarters.
2. Will there be funding for our residential agencies to have people at home versus day program?
3. Can you provide spec hab or day services in the home if day programming is interrupted for individuals?
4. Will there be a stipend given if we are required to pay employees outside of the 4 approved sick days?
5. Will there be a general protocol or recommendation from CDPHE/HCPF for responding to a COVID-19 diagnosis for an individual in a HH setting?
6. What is the expectation for providing SLS services (groceries, med appts, etc.) if an individual is diagnosed with COVID-19? Who is responsible for setting up the contingency plan?
7. How does the CMS COVID-19 Emergency Declaration Health Care Providers memo apply? https://drive.google.com/file/d/1xbN_auzsQudsdMVgxb5xCoAhRHZ-2gVX/view
8. Will HCPF provide guidance for community-based and in-home services? This will likely lead to additional questions.
9. If we need to shut down how will billing be affected?
10. Is Colorado planning on submitting an “Appendix K” for each of the state’s 1915c HCBS waivers to provide flexibility for the provision of services during the coronavirus outbreak?
11. Is HCPF giving any consideration to any type of emergency funding should we have to close day programs or group living situations, pay lots of overtime for staff, lose additional enrollments due to attrition, etc.?
12. Are there “Business Interrupted Funds” available to providers? Federal or State?
13. What options does a residential agency have if a client tests positive for COVID 19 and the host home refuses to let them return?
14. What do we do if staff in a group home refuse to work with folks or host home providers call and tell us they won’t care for their clients anymore?
15. This will likely cause lots of capacity issues. For example, who is going to volunteer to do respite for someone who has or has been exposed to COVID-19? What flexibilities can help us address these shortages?

16. COVID-19 is causing clients to request telehealth sessions in increasing volumes but HCPF seems to be denying some services that were outlined in HB17-1094. Can we get some clarity/flexibility, as there is a high request for telehealth services?
17. Will this delay EVV implementation?
18. Retainer Payments:
 - a. Do providers bill the same rate for retainer payments?
 - b. Do retainer payments include transportation?
 - c. Do retainer payments include community connector day programs?
 - d. Will state retainer payments cover:
 - in home therapies (massage; music, etc)
 - in home personal care
 - employment services
 - transportation
 Do retainer payments apply to supported employment?
 Do retainer payments include behavior therapy services that were approved?
 Will retainer payments apply to State fund day hab services?
 - e. The memo regarding retainer billing mentions that in order to bill there must be authorization and documentation in the service plan. Is there a process for getting this done?
 - f. The retainer payments say they must be authorized/documented in persons plan, however the response time of CCB's with those requests are concerning. Do we request and proceed as if it will be documented?
 - g. What type of documentation is required for the Service Plan for the retainer payment.
 - h. Does the retainer payment needed to be added into service plan as a retainer or billed as normal?
 - i. If we provide services in different locations do we still bill the current service in the individuals plan or do we need to request a revision and bill for what the service most clearly reflects? For example if we are providing Day Program services in the individuals home but they usually attend activities in the community and have SCC units, do we need to make a revision to bill Day Hab?
 - j. If client chooses to stay home (or HHP) chooses can we still bill retainer units?
 - k. I saw a memo indicating that retainer payments need to be written in the plan. How will this be tackled?
19. Can spec hab be provided in the home as an alternative service?
20. Will there be flexibility in spend down of Family Support dollars for this year since will not be used by end of year?
21. Telehealth
 - a. Is telehealth for behavior counseling approved?
 - b. Will we be allowed to support people without face to face contact if person is ill? Our agency plans to cook, shop, etc. for people as needed.
 - c. Can some SLS services be provided electronically?
 - d. Will the state make any allowances for tele-health music/movement therapy visits?

- e. According to HCPF's policy team, music/movement therapy can be offered via telehealth per HB15-1029 and HB17-1094. HCBS seems to be communicating conflicting information though, so I'd like to see HCPF coordinate internally and communicate an aligned memo on this. Also, we are wondering if massage therapy can be offered via teletherapy, via parent education.
 - f. There was guidance that Medicaid behavior therapy codes could temporarily be utilized in a Telehealth format. Can we seek guidance on what this includes (parent treatment planning? Parent communication via email and phone? Creating home lessons? Data analysis?)
 - g. *Has there been any guidance regarding Early Intervention Providers being able to do Telehealth or video for their visits? (CDHS)***
 - i. we moved out EI providers to teletherapy...there was a little guidance sent out next week but I am wondering if we need to change PARS to reflect that mode of delivery in order to get paid. Waiting on an answer for that.
22. Can you please clarify the screening guidelines - are they for both day program and residential settings or just day program settings? What if admin and day program are in the same building - do we need to implement screening guidelines for all admin staff?
23. Really good point that it will become quite problematic if people told that if they live in an area of community transmission, they should not work, or should self- isolate. Future guidance there would be appreciated.
24. Is there a list of "community-based spread" communities? It's my understanding that most cases have known exposure or its under investigation. Haven't seen direction on this.