|  |
| --- |
| **HF Portal Message/Blog Request Form**Once you complete this form please forward it to your program manager or other appropriate member of the HFEMSD management team for review.Once approved, please electronically send this Word document, and any required attachments to **“CDPHE\_HFEMSDPortalMessaging@state.co.us”**Messages received by 2 pm on Tuesdays will be sent on **Wednesdays**Messages received by 2 pm on Thursday will be sent on **Fridays**Emergency requests will be sent the same day they are received |
| Request date: | 6/23/30 |
| Requested by: | Peter Myers |
| Approved by: |  |
| Requested distribution date: | 6/23/20 ASAP |
| Subject line in message center/Blog title: | Residential Care Facility Outdoor Visitation Guidance |
| Message Text:To:**Specify who you are directing this information to, e.g., facility administrators, risk managers, building operations, etc**From:**Specify who the message is coming from, e.g., HFEMSD, Division Director, etc.**Body of Message:**Ideally, the body of the message is no more than 1/2 page. If it needs to be longer, consider posting a document on the web and including a link in the body. Remember that it takes 24 hours to post a document; i.e., you should request the posting by 2 p.m. for posting by the following day.**For further information:**Specify who to contact with questions as applicable.** | To:Residential Care Facilities (Skilled nursing facilities, assisted living residences, intermediate care facilities, and group homes)The Colorado Department of Public Health and Environment (CDPHE) released guidance today allowing outdoor visitation at residential care facilities. This guidance allows visitors at residential care facilities while minimizing the potential spread of COVID-19. The guidance states that:* The facility cannot have outdoor visitation if the facility had any recent positive cases or outbreaks and has not completed the required isolation period of 14 days. Facilities with active cases are not allowed to offer visits.
* All visits must be scheduled. Prior to the visits, facilities must provide information about COVID-19, and instructions for self-screening on the day of the visit, social distancing and mask-wearing, and details about the visit.
* The visitor must be greeted outside at a designated area by facility staff, and the staff member will perform temperature check and symptom screening in accordance with current CDC guidelines. Visitors with symptoms in the previous 14 days should not be allowed visitation. Residents who are in isolation or quarantine related to COVID-19 or have symptoms related to COVID-19 may not participate in outdoor visitation.
* All visitors must wear a face mask or cloth face covering. All staff and the resident must wear a surgical or cloth mask unless doing so would inhibit the resident’s health.
* Visitors must supply name and contact information to facilities for contact tracing.
* Facilities must establish a separate designated meeting area outdoors for these visitations. The facility should ensure that residents not participating in visits continue to have access to outdoor space. This area must be monitored to ensure it remains separated from the facility population and staff.
* There can be no more than eight people (including resident, staff, and visitors) in the gathering, or the number determined by using the [Social Distancing Calculator](https://covid19.colorado.gov/social-distancing-calculator-for-indoor-and-outdoor-events), whichever is smaller. The allowable number of visitors should be documented in the visitation plan.
* Furniture used for external visits should be appropriately cleaned and disinfected between visits.
* Each facility must document their outdoor visitation policies and add it to their isolation plan.

The entire document is located here:[Residential Care Facility Outdoor Visitation Guidance Document](https://drive.google.com/file/d/1ziJLu5JKEguEG55gjmpbraSwMcgWTvdv/view?usp=sharing) |

|  |
| --- |
| **Message Type - Check Only One** |
|  | EDUCATION /TRAINING |
| XXXX | INFORMATION |
|  | REGULATORY/LEGISLATIVE UPDATES |
|  | REQUEST |
|  | WARNING |

| **Place an X in the left column next to the facility types that should receive the message** |
| --- |
| **Fac.****Type** | **Type Description** | **Subtype Description** | **1 = Yes 0 = No** |
| **Abbreviation** | **Lic.** | **Mcare** | **Mcaid** | **Mcare/****Mcaid** |
|  | 011 | HOSPITAL | SHORT TERM | HOSP-ACU | 1 | 1 | 0 | 0 |
|  | 012 | HOSPITAL | PSYCHIATRIC | HOSP-PSY | 1 | 1 | 0 | 0 |
|  | 013 | HOSPITAL | REHABILITATION | HOSP-RHB | 1 | 1 | 0 | 0 |
|  | 014 | HOSPITAL | CRITICAL ACCESS HOSPITALS | HOSP-CAH | 1 | 1 | 0 | 0 |
|  | 015 | HOSPITAL | LONG TERM | HOSP-LT | 1 | 1 | 0 | 0 |
|  | 016 | HOSPITAL | CHILDRENS | HOSP-CHD | 1 | 1 | 0 | 0 |
|  | 01A | HOSPITAL | MATERNITY | HSP-MTE | 1 | 1 | 0 | 0 |
|  | 01B | HOSPITAL | LICENSEDONLY GENERAL | LICGEN | 1 | 0 | 0 | 0 |
|  | 01C | HOSPITAL | LICENSED PSYCH | LICPSY | 1 | 0 | 0 | 0 |
| X | 021 | NURSING HOME (NH) | SNF/NF DUAL CERT | SNF/NF | 1 | 0 | 0 | 1 |
| X | 022 | NURSING HOME (NH) | SNF/NF DISTINCT PART | S/NF DP | 1 | 0 | 0 | 1 |
| X | 023 | NURSING HOME (NH) | SNF ONLY | SNF | 1 | 1 | 0 | 0 |
| X | 024 | NURSING HOME (NH) | NF ONLY | NF | 1 | 0 | 1 | 0 |
| X | 02A | NURSING HOME (NH) | PRIVATE | NCF-LIC | 1 | 0 | 0 | 0 |
|  | 051 | HOME HEALTH AGENCY (HHA) | MEDICARE/MEDICAID | HHA-1819 | 1 | 0 | 0 | 1 |
|  | 052 | HOME HEALTH AGENCY (HHA) | MEDICAID ONLY | HHA-19 | 0 | 0 | 1 | 0 |
|  | 05A | HOME HEALTH AGENCY (HHA) | HHA LICENSE ONLY - CERT ELIGIBLE | HHA-LCE | 1 | 0 | 0 | 0 |
|  | 05B | HOME HEALTH AGENCY (HHA) | HHA LICENSE ONLY - NOT CERT ELIGIBLE | HHA-LNCE | 1 | 0 | 0 | 0 |
|  | 05C | HOME HEALTH AGENCY (HHA) | HCA LICENSE ONLY | HCA-LIC | 1 | 0 | 0 | 0 |
|  | 05D | HOME HEALTH AGENCY (HHA) | HCA LICENSE - PERSONAL CARE HOMEMAKER | HCA-PHS | 1 | 0 | 1 | 0 |
|  | 05E | HOME HEALTH AGENCY (HHA) | HCA LICENSE - IN-HOME SUPPORT SERVICES | HCA-IHSS | 1 | 0 | 1 | 0 |
|  | 05F  | HOME HEALTH AGENCY (HHA) | HCA LICENSE - INTELLECTUAL AND DEVELOPME | HCA-IDD | 1 | 0 | 1 | 0 |
|  | 061 | PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES | MEDICAID | PRTF | 0 | 0 | 1 | 0 |
|  | 071 | PORTABLE X-RAY SUPPLIERS | MEDICARE  | X-RAY | 0 | 1 | 0 | 0 |
|  | 081 | OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY SERVICES | MEDICARE  | OPT-SP | 0 | 1 | 0 | 0 |
|  | 091 | END STAGE RENAL DISEASE FACILITIES | MEDICARE | ESRD | 1 | 1 | 0 | 0 |
|  | 09B | END STAGE RENAL DISEASE (ESRD) | LICENSED | ESRD-LIC | 1 | 0 | 0 | 0 |
| X | 111 | INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES | MEDICAID | ICF/IID | 1 | 0 | 1 | 0 |
| X | 11A | INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES | LICENSED | ICF/IDDLI | 1 | 0 | 0 | 0 |
|  | 121 | RURAL HEALTH CLINICS | MEDICARE | RHC | 0 | 1 | 0 | 0 |
|  | 131 | PHYSICAL THERAPIST INDEP. PRACTICE | MEDICARE | PTIP | 0 | 1 | 0 | 0 |
|  | 141 | COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES | MEDICARE | CORF | 0 | 1 | 0 | 0 |
|  | 151 | AMBULATORY SURGICAL CENTER | MEDICARE | ASC | 1 | 1 | 0 | 0 |
|  | 15B | AMBULATORY SURGICAL CENTER (ASC) | LICENSED | ASCLIC | 1 | 0 | 0 | 0 |
|  | 161 | HOSPICE | MEDICARE | HOSPICE | 1 | 1 | 0 | 0 |
|  | 16A | HOSPICE | LICENSED | HSPLIC | 1 | 0 | 0 | 0 |
|  | 191 | COMMUNITY MENTAL HEALTH CENTERS | MEDICARE | CMHC | 1 | 1 | 0 | 0 |
|  | 19A | COMM. MENTAL HEALTH CENTER  | CMHC-CLINIC ONLY | CMHCC | 1 | 1 | 0 | 0 |
|  | S22 | HCBS  | ADULT DAY | ADAY | 0 | 0 | 1 | 0 |
|  | S24 | HCBS | BRAIN INJURY SUPPORTED LIVING | BISL | 0 | 0 | 1 | 0 |
|  | S26 | HCBS | DAY TREATMENT | DAYTRT | 0 | 0 | 1 | 0 |
|  | S27 | HCBS | TRANSITIONAL LIVING | TRLIV | 0 | 0 | 1 | 0 |
|  | S28 | HCBS | CHILDREN WITH AUTISM | CWA | 0 | 0 | 1 | 0 |
|  | S2A | HCBS | INDEPENDENT LIVING SKILLS TRAINING | ILST | 0 | 0 | 1 | 0 |
|  | S2B | HCBS | BEHAVIORAL PROGRAMMING | BPRO | 0 | 0 | 1 | 0 |
|  | S2C | HCBS  | COMMUNITY TRANSITION SERVICES | CTS | 0 | 0 | 1 | 0 |
|  | S2D | HCBS  | SPINAL CORD INJURY | SCI | 0 | 0 | 1 | 0 |
|  | S2E | HCBS  | SERVICE AGENCY | HCBS-IDD | 0 | 0 | 1 | 0 |
|  | S2F | HCBS  | REGISTERED PLACEMENT AGENCY | HCBS-CES | 0 | 0 | 1 | 0 |
| X | S41 | RCF-DD | RESIDENTIAL TREATMENT | RCF-DD | 1 | 0 | 1 | 0 |
|  | S51 | HOSPITAL UNIT  | HOSPITAL UNIT | H-UNIT | 1 | 0 | 0 | 1 |
|  | S61 | COMMUNITY CLINIC | COMMUNITY CLINIC | CC | 1 | 0 | 0 | 0 |
|  | S62 | COMMUNITY CLINIC | COMMUNITY CLINIC/EMERGENCY | CCEC | 1 | 0 | 0 | 0 |
|  | S63 | COMMUNITY CLINIC | DOC CLINIC | CCDOC | 1 | 0 | 0 | 0 |
|  | S64 | COMMUNITY CLINIC | CRISIS STABILIZATION CENTER | CCCSC | 1 | 0 | 0 | 0 |
|  | S65 | COMMUNITY CLINIC | VOLUNTARY | CCVOL | 1 | 0 | 0 | 0 |
|  | S71 | CONVALESCENT CENTER | CONVALESCENT CENTER | CONV | 1 | 0 | 0 | 0 |
| X | SA1 | ASSISTED LIVING RESIDENCE | ALR ONLY | ALRONLY | 1 | 0 | 0 | 0 |
| X | SA2 | ASSISTED LIVING RESIDENCE | ALR/ACF | ALR/ACF | 1 | 0 | 1 | 0 |
| X | SA3 | ASSISTED LIVING RESIDENCE | ALR/RTF | ALR/RTF | 1 | 0 | 0 | 0 |
| X | SA5 | ASSISTED LIVING RESIDENCE | ALR/BISL | ALR/BISL | 1 | 0 | 1 | 0 |
|  | SB1 | BIRTH CENTERS | BIRTH CENTERS | BIRTH | 1 | 0 | 0 | 0 |
|  | SC1 | ACUTE TREATMENT UNITS | ACUTE TREATMENT UNITS | ATU | 1 | 0 | 0 | 0 |
|  | SE1 | HOME CARE PLACEMENT AGENCY | HOME CARE PLACEMENT AGENCY | HCPA | 1 | 0 | 0 | 0 |