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| **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: | 7/31/20 |
| Requested by: | Peter Myers |
| Approved by: |  |
| Requested distribution date: | 7/31/20 |
| Subject line in message center/Blog title: | Public Health Order 20-20 – Updated 7/30/20 |
| 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:  Long term care and residential care facilities  Public Health Order 20-20 was updated on 7/30/20 and requires long term care and residential care facilities to report information pertaining to available resources to respond to the COVID-19 pandemic. Reportable items include, but are not limited to, facility bed capacity, supply of personal protective equipment, and available staffing. Daily reporting of this information is required.  Reporting is required by facility type as follows:   * Skilled nursing facilities shall begin reporting effective August 5, 2020. * Assisted living residences shall begin reporting effective August 12, 2020. * Intermediate care facilities and licensed group homes shall begin reporting effective August 19,2020.   All facility types will report through EMResource. In addition to EMResource, skilled nursing facilities must continue to report through NHSN.  CDPHE has developed a training document that can be used to help facilities log into and report through EMResource. If you have not reported through this system before, review the instructions here:  [EMResource Facility Reporting Instructions](https://docs.google.com/document/d/1iOMlTS39UEWWf8_SlM4rPKNozE0bycNuRWHbTqa0Wwc/edit?usp=sharing)  The Health Facilities and Emergency Medical Services Division has a designated contact for any additional questions or needed assistance utilizing this system. Please email [CDPHE\_EMResource@state.co.us](mailto:CDPHE_EMResource@state.co.us) with questions about reporting after you have read the facility reporting instructions document.  To view the public health order, follow this link:  [Public Health Order 20-20 - Updated 7/30/20](https://drive.google.com/file/d/199nq8e5saJMyor6UaG4JbgO9Pp_-rqsu/view?usp=sharing) |

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

| **Place an X in the left column next to the facility types that should receive the message** | | | | | | | | |
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| **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 |