

## HOSPITAL AND TESTING SITE PROTOCOL

### ACTIVATED RESPITE REFERRALS FOR PATIENTS EXPERIENCING HOMELESSNESS

#### I. Overview of Motel/Hotel Resources Available in Denver

The City and County of Denver is partnering with Colorado Coalition for the Homeless and the National Guard to support motel/hotel room options across Denver for people experiencing homelessness during the COVID-19 crisis. Specifically, these *low acuity* isolation/quarantine rooms are called **Activated Respite**. The Activated Respite rooms are for those with confirmed or suspected COVID-19, including those who have symptoms of COVID-19 (fever, coughing, and shortness of breath).

Services offered at both Activated Respite facilities include:

- Single occupancy motel rooms with meals provided,
- Minimal on-site medical and behavioral health support provided by the Colorado Coalition for the Homeless.
- Case management and discharge planning

These programs **do not offer** levels of care found in skilled nursing or assisted living facilities. Individuals must be independent with ADLs and safe unsupervised in a motel room with once daily follow up from a medical provider. Guests must be able to ask for help when needed.

#### II. Hospitals and Testing Sites Eligible to Make Referrals

The following hospitals/testing sites are eligible to refer into Denver's Activated Respite resources:

- Hospitals and testing sites **located in the City and County of Denver** may refer all patients who meet the eligibility criteria for these resources (see Section IV).
- Hospitals and testing sites located outside the City and County of Denver but who receive transports from Denver Health paramedics, may refer patients who meet the eligibility criteria for these resources (see Section IV) below **as long as the patient was transported by Denver Health paramedics**. Note: Due to capacity limitations, transportation cannot be provided under these circumstances. The hospital/testing site making the referral must arrange transportation.

#### III. Identifying Eligible Patients for Activated Respite Referrals

1. Please utilize the referral process below for patients experiencing homelessness who meet the following conditions:
  - **Activated Respite:** Patient has confirmed or suspected COVID-19, with medical paperwork documenting that they have been tested for COVID-19 and have tested positive or are awaiting a test result

NOTE: Families are also eligible for Activated Respite if someone in their household is symptomatic or has been tested for COVID-19; however, arrangements may be customized for each household to reduce risk of spread to other family members.

#### IV. How to Direct Other Patients

Individuals who are not confirmed or suspected of COVID-19 should not be referred Activated Respite.

Those who require a higher level of care than these motel/hotel resources can provide should be retained at the hospital or connected with another higher acuity of care location.

Those who do not need a higher level of care should be directed toward congregate shelter resources. All other individuals and households should receive congregate shelter services and follow guidelines for social distancing, handwashing, wearing face coverings, etc. For information on existing resources, please see:

<https://www.denvergov.org/content/denvergov/en/housing-information/resident-resources/find-shelter.html>

#### **V. Referral Process for Activated Respite**

If a patient meets the criteria stated above, hospital/testing site staff should take the following steps.

1. Offer to connect the patient to hotel/motel isolation resources.
  - a. If the person declines the offer and is symptomatic for COVID-19 or has been tested for COVID-19, the patient will not be allowed to receive shelter in congregate settings and should be informed of this.
  - b. If the person accepts the offer, the hospital/testing site will continue to step 2.
2. Hospital/testing site staff will request the patient's verbal consent to share their information for the purposes of connecting them to services.
3. Once verbal consent is obtained, hospital/testing site staff will complete the "COVID-19 Response | Activated Respite Care Bridge Housing Program Intake Screening Form" (see attachment A) with as much information as they have on the patient's situation.
4. Scan and send the information via **secure email** (complete Intake Screening Form and any relevant medical paperwork) to [activatedrespite@coloradocoalition.org](mailto:activatedrespite@coloradocoalition.org) and wait for a response from the CCH Patient Assistance Line. The CCH referral process is available 7 days per week between the hours of 6a.m. and 10p.m. If you are emailing an Intake Form **after 5pm weekdays or anytime on weekends**, call 303-312-9800 to confirm receipt of referral.
5. Colorado Coalition for the Homeless nursing staff will review the intake form to determine whether the patient meets the criteria for the program, whether additional information is needed, and whether a room is available. Depending on capacity, room availability cannot be guaranteed.
  - a. Please note that review of the intake form and referral determination can take up to 1 hour.
  - b. After CCH staff have approved the referral and identified an available resource, they will arrange transportation for the patient through the City-run dispatch line if referring facility is eligible for this.
  - c. If patient needs to go to Activated Respite, please place a mask on patient if available. Do the best you can to maintain social distancing of at least 6 feet or place patient in separate room or space while waiting.
6. If the referral is not approved, hospital/testing site staff should keep the patient at their facility if the patient requires a higher level of care or refer to congregate shelter if appropriate (see Section V).
7. If the referral is approved, CCH will confirm that the patient has an Activated Respite room and provide an estimated time of arrival for transportation if the facility is located in Denver.

8. Hospital/testing site staff will notify the patient that they will be taken to an Activated Respite program. They will remind patient that going to Activated Respite is helping them shelter in place. Because of this, **the patient needs to stay in their motel room. They can leave to smoke, but not to go to a store.**
9. For referrals from Denver-based facilities:
  - a. Staff will make sure the point of contact and person requiring transport are at the meeting location at the appropriate time. Provider point of contact will help the person board the vehicle.
  - b. NOTE – Multiple people **may be** transported to Activated Respite via a single transport. DDPHE recommends social distancing within the vehicle to the extent possible, that people in the vehicle keep their masks on and wash their hands after exit, and that the vehicle is not completely full if possible. Windows should be rolled down to extent practical to ventilate during and after transport.

**Attachment A. CCH Activated Respite Care Bridge Housing Program Intake Screening Form**



**COVID-19 RESPONSE | ACTIVATED RESPITE CARE BRIDGE HOUSING PROGRAM**

Send all referrals via email to: [activatedrespite@coloradocoalition.org](mailto:activatedrespite@coloradocoalition.org)

After 5pm weekdays or anytime on weekends, call 303-312-9800 to confirm receipt of referral

All referrals must be approved by Colorado Coalition for the Homeless Staff prior to intake

1. Today's Date: \_\_\_\_\_ Patient Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Medicaid/Medicare # \_\_\_\_\_ Patient Phone # \_\_\_\_\_

Requesting Provider or Social Worker: \_\_\_\_\_ Direct! Contact Number: \_\_\_\_\_

Referring Facility: \_\_\_\_\_ Direct! Contact Email Address: \_\_\_\_\_

Is this facility in Denver:  Yes  No | If No, was this patient transported to you by Denver Health Paramedics?  Yes  No

Patient agrees to have their information shared to coordinate services?  Yes  No

2. Does the patient have COVID symptoms?  Yes  No | Has Patient been tested yet:  Yes  No Date of Test: \_\_\_\_\_

Anticipated Result Return Date: \_\_\_\_\_ Testing Follow Up Plan \_\_\_\_\_ COVID Follow Up Contact Information \_\_\_\_\_

If Yes: Please list current symptoms r/t positive or negative results? \_\_\_\_\_

3. Does this patient have the following risk factors?

- Diabetes
- BMI greater than 36
- Currently pregnant
- Serious heart condition
- Liver disease
- Contact w/ positive test individual
- Chronic Lung Disease
- Chronic Kidney Disease
- Above the age of 65
- Moderate/Severe asthma
- Immunosuppressive
- Other \_\_\_\_\_

4. Patient information:

- Dietary Needs?  Yes  No | Details: \_\_\_\_\_ Service animal or Pets?  Yes  No | Details: \_\_\_\_\_
- Can patient walk up/down a flight of stairs without assistance?  Yes  No | Details: \_\_\_\_\_
- Does patient use any assistive device(s) for walking?  Yes  No | Details: \_\_\_\_\_
- Does the patient self-identify as a person with a disability?  Yes  No | Details: \_\_\_\_\_
  - o IF YES: Can the patient hear audio notifications, alarms, alerts, etc.?  Yes  No
  - o IF YES: Can the patient see written communication?  Yes  No
- Does the patient identify as a veteran?  Yes  No

5. Please list patient's acute or chronic medical and psychiatric needs for potential onsite support:

\_\_\_\_\_  
\_\_\_\_\_

6. Does this patient have...

- Acute Withdrawal Concern Currently?  Yes  No | Details: \_\_\_\_\_
- Psychiatric or behavioral health needs?  Yes  No | Details: \_\_\_\_\_
- Isolation Requirements, related to COVID or other infectious disease?  Yes  No | Details: \_\_\_\_\_
- Have minimum of 48-hour supply of ALL medications?  Yes  No \*Note we cannot accept someone without this
- Does client need or use oxygen?  Yes  No \*Note: Oxygen needs to be coordinated by hospital before discharge.
- Does client need wound care?  Yes  No \*Note: If yes, send wound care instructions and pictures if able. Patient must be able to do own wound care or wound must be manageable with minimal nursing support.

7. Current Level of Function: If answer is no for any of the below, the patient is not eligible. Please ensure accuracy.

- Can client bathe and/or shower 100% independently?  Yes  No
- Can client eat independently?  Yes  No
- Can client take medications independently?  Yes  No
- Is client able to follow educational directions independently?  Yes  No
- Can client use the bathroom independently?  Yes  No

Please provide accurate information for direct communication within 1 hour. Please include Last Physician Progress Note.