HOSPITAL/THE TESTING SITE

Activated Respite provides isolated accommodations in motel and hotel rooms with medical care for people experiencing homelessness who have tested positive for COVID-19 or have been tested and are awaiting a test result.

Section A. Determination of Appropriate Referral

1. The following hospitals/testing sites are eligible to refer into Denver's Activated Respite resources:
   a. Hospitals and testing sites located in the City and County of Denver may refer all patients who meet the eligibility criteria listed in item 2i below.
   
   b. 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 listed in item 2i 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.

2. If the patient is eligible based on item 1 above, hospital/testing site staff should determine the appropriate referral for patients experiencing homelessness using the following decision-making criteria:
   i. If the patient has been tested and is either awaiting a test result or has received a positive test result, the medical provider should refer the patient to Activated Respite at the time of discharge (see Section B).

   ii. If the patient has not been tested for COVID-19, but the patient has COVID-19 symptoms (fever, persistent dry cough, and shortness of breath) or is high risk, please consider referring them for COVID-19 testing.

   iii. If the patient has not been tested and does not meet the criteria in 2ii above, the patient should be referred to existing shelter resources (see Section C).
Section B. Making Referrals to Activated Respite

If a patient meets the criteria for Activated Respite stated in Section A, medical providers should take the following steps.

1. Offer to connect the patient to an Activated Respite resource.
   a. If the person declines the offer, no steps will be taken to connect the person to an appropriate shelter alternative. To prevent infection of other shelter guests, staff should not refer the person to congregate shelter, but attempt to identify an alternative quarantine resource.
   b. If the person accepts the offer, the hospital or testing site will continue to step 2.

2. Complete the “COVID-19 Response | Activated Respite Care Bridge Housing Program Intake Screening Form” (see attachment A).

   NOTE: Please review question 5 of the Intake Screening Form closely to ensure the patient is eligible prior to submitting the form to CCH.

3. Scan and email the complete Intake Screening Form to activatedrespite@coloradocoalition.org and wait for a response from CCH medical staff.

4. Colorado Coalition for the Homeless medical 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. CCH will respond to the referral source within 30 minutes with a determination if no additional information is needed or within 1 hour if the referral source needs to supply additional information.

5. 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 back to Section A.

6. If the referral is approved, CCH will provide the patient’s facility and room number in Activated Respite and the hospital/testing site staff will continue to step 7.

7. The hospital/testing site staff request the patient’s verbal consent to share their information with for the purposes of connecting them to services.

8. Once verbal consent is obtained and the patient is ready to be discharged, the hospital/testing site staff will call the Dispatch Line to make the referral to Activated Respite.
   a. Hours of Operation: 24 hours per day/7 days per week
   b. Call numbers: 720-944-2017 and 720-944-2018

9. The Hospital/Testing personnel requesting referral to Activated Respite will be prepared to provide the following information to the dispatch call taker:
   a. Provide the following information for the agency:
      i. Name of the hospital/testing site the person is calling from
      ii. Name of the hospital/testing site employee who is the point of contact for the referral
iii. A phone number for the hospital/testing site employee who is point of contact.

iv. Street address of the hospital/testing site
   1. If hospital/testing site is outside of Denver and the VAMC, whether the patient was directly referred for this visit by the Denver Community Resource and Referral Center (CRRC)
   2. If the hospital/testing site is outside of Denver and not the VAMC, whether the patient was transported for this visit by the Denver Health paramedics.

b. Provide information for the person being transported:
   i. Confirm that the patient has provided verbal consent for information sharing
   ii. A summary of the client’s symptoms, i.e.,
      1. Tested for COVID-19, awaiting test result or tested positive
      2. Not tested, has all three symptoms concurrently
      3. Not tested, does not have all three symptoms concurrently
   iii. Activated Respite facility and room number provided by CCH with confirmation
   iv. Patient’s first and last name
   v. Additional identifiers: either (NOTE: information in either 1 or 2 is necessary for service coordination and communication, please provide whenever possible)
      1. the person’s Clarity ID number (listed on homeless services scan card) OR
      2. their date of birth and last four digits of social security number.
   vi. Whether the patient has an accessibility need that requires specialized transportation resources (referrals from Denver-based providers only)

   c. If the patient is being referred from a health care provider within the City and County of Denver: Provide the exact pickup location where the transport is needed.

   NOTE: If the patient is referred from a health care provider outside the City and County of Denver: Dispatch is not able to arrange transport. The referring provider must arrange transportation themselves.

10. Dispatch Line personnel will confirm the referral is recorded and, if the referral is from a Denver-based facility, relay the estimated time of arrival for transport.

11. For referrals from Denver-based facilities:
   a. To prepare patients for transport, Hospital/Testing Site staff will make sure the patient has and is wearing a mask and instruct the patient to keep their mask on until they enter their Activated Respite quarantine room. Smaller scale personal items (e.g., backpacks, duffle bags) should be able to be accommodated. Patients should have those belongings ready at hand.
   b. The staff will make sure the agency point of contact and person referred to Activated Respite are at the meeting location for transportation at the ETA. The agency point of contact will help the person referred to Activated Respite board the vehicle.
   c. 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.
12. For referrals from facilities outside Denver:
   a. Medical facility is required to arrange transportation for this patient. Ensure that the dispatch
call taker provides a destination address for the patient’s assigned activated respite resource, so
that transportation can be arranged.

Section C. Making Referrals to Existing Shelter Resources

If patients do not meet the eligibility for Activated Respite, they should be directed for testing if they are
symptomatic or toward existing shelter resources if they are not. For information on existing resources, please
see: https://www.denvergov.org/content/denvergov/en/housing-information/resident-resources/find-
sHELTER.html
COVID-19 RESPONSE | ACTIVATED RESPITE CARE BRIDGE HOUSING PROGRAM

Send all referrals via email to: 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 #: ____________

2. Is this a COVID-19 related referral? ☐ 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? __________________________________________
   Does this patient have the following risk factors?
   ☐ Diabetes ☐ Chronic Heart Disease ☐ Chronic Lung Disease ☐ Chronic Kidney Disease ☐ Immunocompromised
   ☐ Respiratory Illness ☐ Contact w/ positive test individual ☐ Above the age of 60 ☐ Other ____________________________

3. Please list patient’s acute or chronic medical and psychiatric needs for potential Respite support:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

4. Does this patient have...
   • Acute Withdrawal Concern Currently? ☐ Yes ☐ No | Details: ________________________________
   • Psychiatric or behavioral health needs? ☐ Yes ☐ No | Details: ________________________________
   • Isolation Requirements, R/T 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 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.
   • Does Patient understand that CCH will provide the patient’s medical and nursing care during stay? ☐ Yes ☐ No | Details: ________________________________
   • Does Patient understand that CCH is not able to provide transitional housing options at discharge? ☐ Yes ☐ No | Details: ________________________________

5. Current Level of Function: If answer is no for any of the below, the patient is not eligible. Please ensure accuracy.
   Performs all ADLs 100% independently? ☐ Yes ☐ No | Can take medications independently? ☐ Yes ☐ No
   Alert & Oriented X 3? ☐ Yes ☐ No | Continent of bowel and bladder ☐ Yes ☐ No

6. Additional 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 ambulation? ☐ Yes ☐ No | Details: ____________________
   • Does patient have a BMI greater than 37? ☐ Yes ☐ No | Details: ____________________
   Please provide accurate information for direct communication within 30 minutes. Please include Last Physician Progress Note.

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

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