



Agenda



Topic	Presenter/Facilitator
Introduction	Susan Kansagra, MD, MBA <i>NC Division of Public Health</i>
Global / National / State Novel Coronavirus (COVID-19) Epidemiology Update Update on new CDC guidance	Jennifer MacFarquhar, MPH, BSN, RN, CIC <i>Director, SHARPPS Program</i>
Flow Chart Hospital to Long Term Discharge	Susan Kansagra, MD, MBA <i>NC Division of Public Health</i>
Outbreak-related Coordination PPE Updates	Kimberly Clement, MPH, Paramedic <i>Program Manager, Healthcare Preparedness Program</i>
Workforce Staffing	Stephanie McGarrah <i>Workforce Response Team Lead</i>
Medicaid Update	Dave Richard <i>Deputy Secretary, NC Medicaid</i>
Discussion / Q&A	Call Participants – <i>Please type questions in chat feature</i>

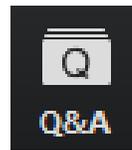


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Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=4444539&CustomerID=324>

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Epidemiology Update



- Epidemiology Update
- Guidance (CDC / NC DHHS)
 - Infection Prevention
 - Testing
 - Lifting of Restrictions
 - Toolkits
- Infection Prevention Activities
 - Infection Control Assessment & Response (ICAR)
 - Action Plan
 - Infection Prevention Program Plan



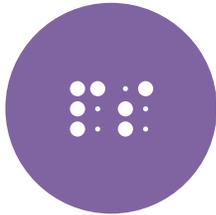
Infection Control Assessment & Response (ICAR)



Visitor restriction



**Education, monitoring,
and screening of
healthcare personnel
(HCP)**



**Education, monitoring,
and screening of
residents**



**Ensuring availability of
PPE and other supplies**



**Ensuring adherence to
recommended infection
prevention and control
(IPC) practices**



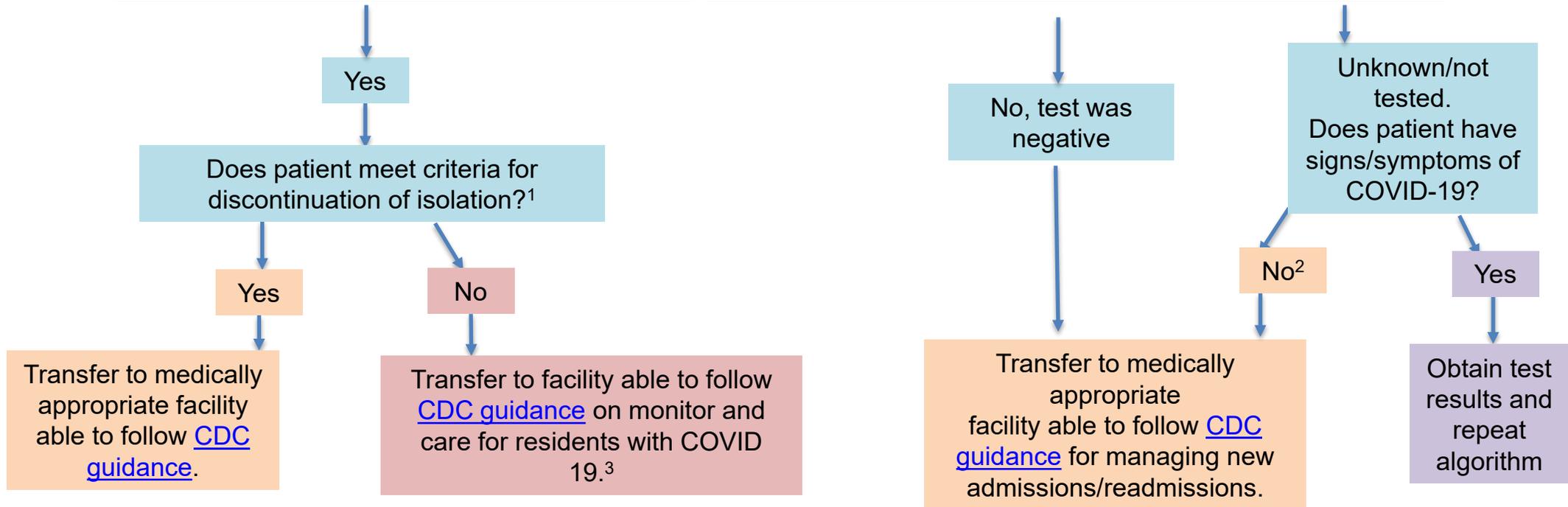
**Communicating with the
health department and
other healthcare
facilities**



Flow Diagram for Hospitalized Patients Being Discharged to a Long-term Care Facility



Does the hospital patient have a documented COVID-19 diagnosis/test?



- 1. Criteria for discontinuation of isolation for patients being discharged to long term care facility:** Resolution of fever without the use of fever-reducing medications **and** Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and** Negative results from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart.
- 2. CMS states testing can be considered if available. Testing should be considered in non-surge scenarios.** Since the ability to detect transmission is limited during the incubation phase, a negative test does not rule out COVID-19 and patients should still be placed on 14-day transmission precautions when transferred to long-term care. Long-term care facilities **should NOT require two tests** – two tests are only indicated to document resolution of symptoms after known COVID-19 diagnosis.
- 3. Check with facility to determine if patients requiring aerosolizing procedures, e.g. nebulizer treatment, are appropriate for transfer.**



Outbreak Coordination & PPE Update



- **Increased access to Personal Protective Equipment for long-term care facilities**
 - Includes guidance document on proper use to prevent outbreaks
- **Details on requesting more PPE when needed:**
 - <https://covid19.ncdhhs.gov/information/health-care/requesting-ppe>



PPE Update cont.

- **Who:**
 - All State Licensed Facilities will receive 10-14 Day Proactive Supply
 - Face Shields
 - Procedure Masks
 - Gloves
 - Shoe Covers
- **When & Where:**
 - Initial distro could start this upcoming Friday (5/15)
- **How:**
 - Setup distribution centers in 16 DAAS Area Agencies of Aging at Host United Methodist Churches with NCNG Logistics support. LTC will receive an invite for a 2-hour block to arrive and receive their allocation. Distribution site will be set up similar to a Type III POD.

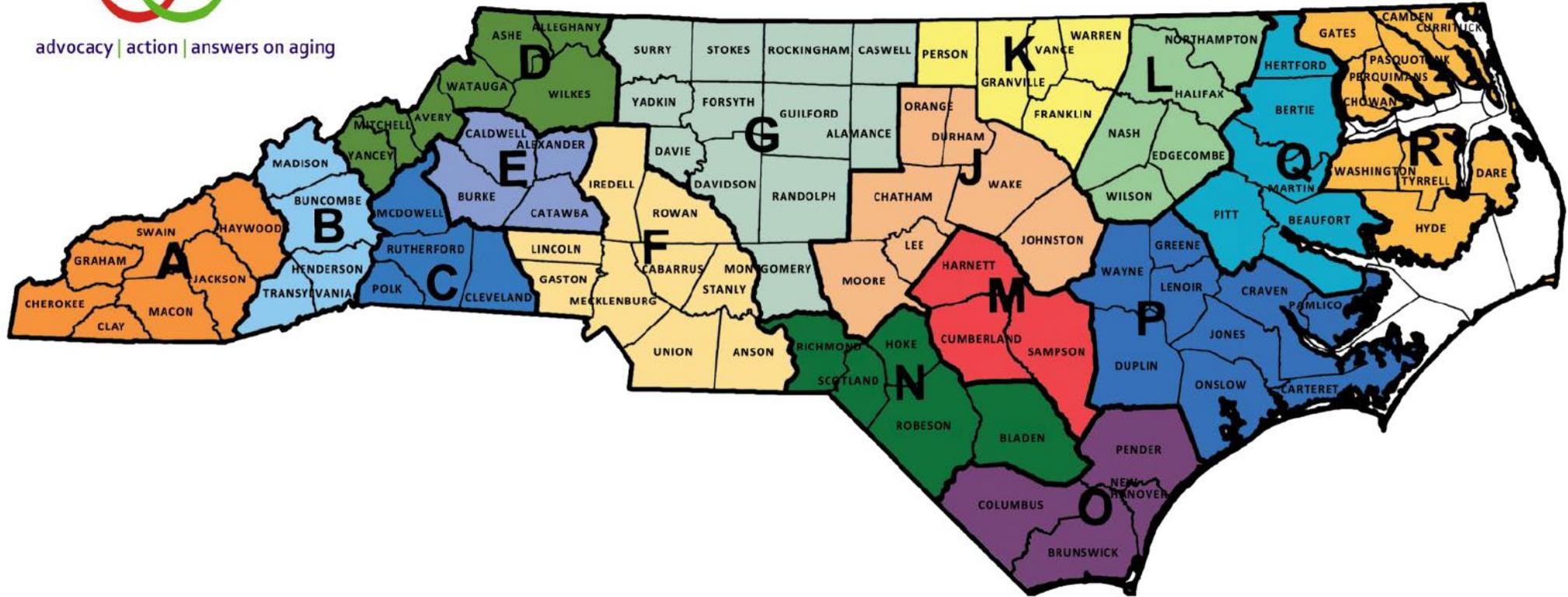


PPE Update cont.



advocacy | action | answers on aging

North Carolina Area Agencies on Aging





Workforce Staffing

- DHHS has reached out to health care workers who may want to work additional shifts through professional associations and licensure boards
- 2,650 people have signed up to take on additional shifts in LTC facilities
- The ECU College of Nursing team has worked with 10 facilities to date



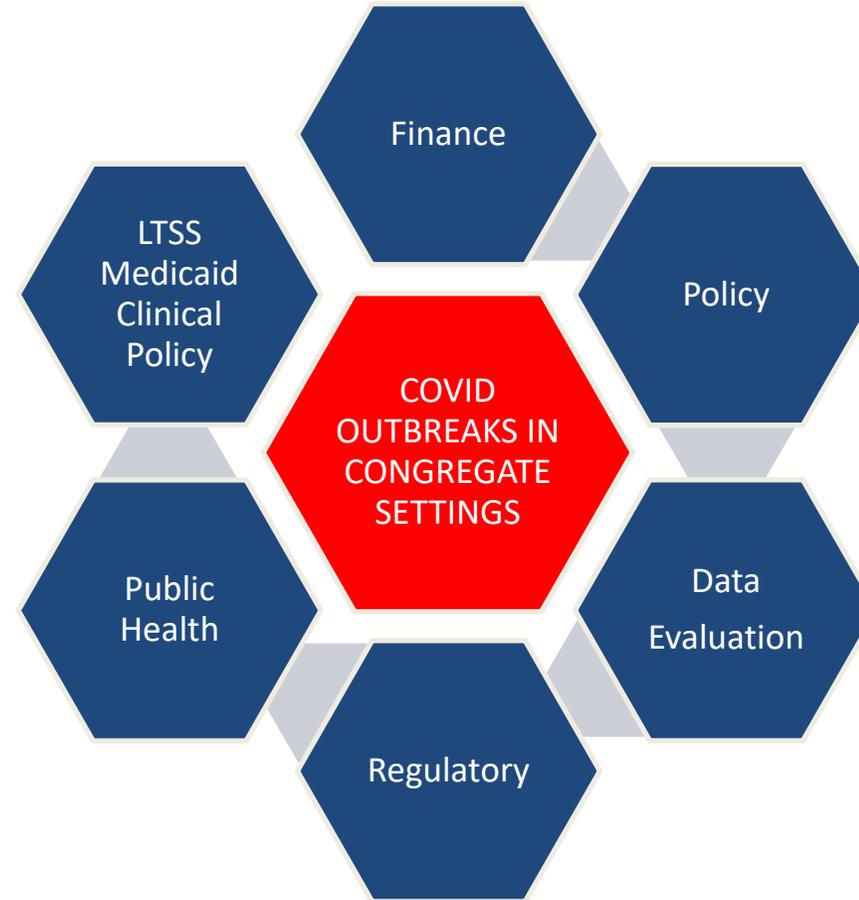
NC Medicaid's Goals Related to Congregate Care/LTSS COVID-19 Response

To support COVID-related response and needs among facility-based and community LTSS providers, by leveraging Medicaid resources to:

- Effectively support the care of COVID+ residents.
- Accommodate needs related to hospital discharge surge.
- Reduce transmission through effective infection management and prevention.
- Increase service flexibility for provider networks impacted by crisis.



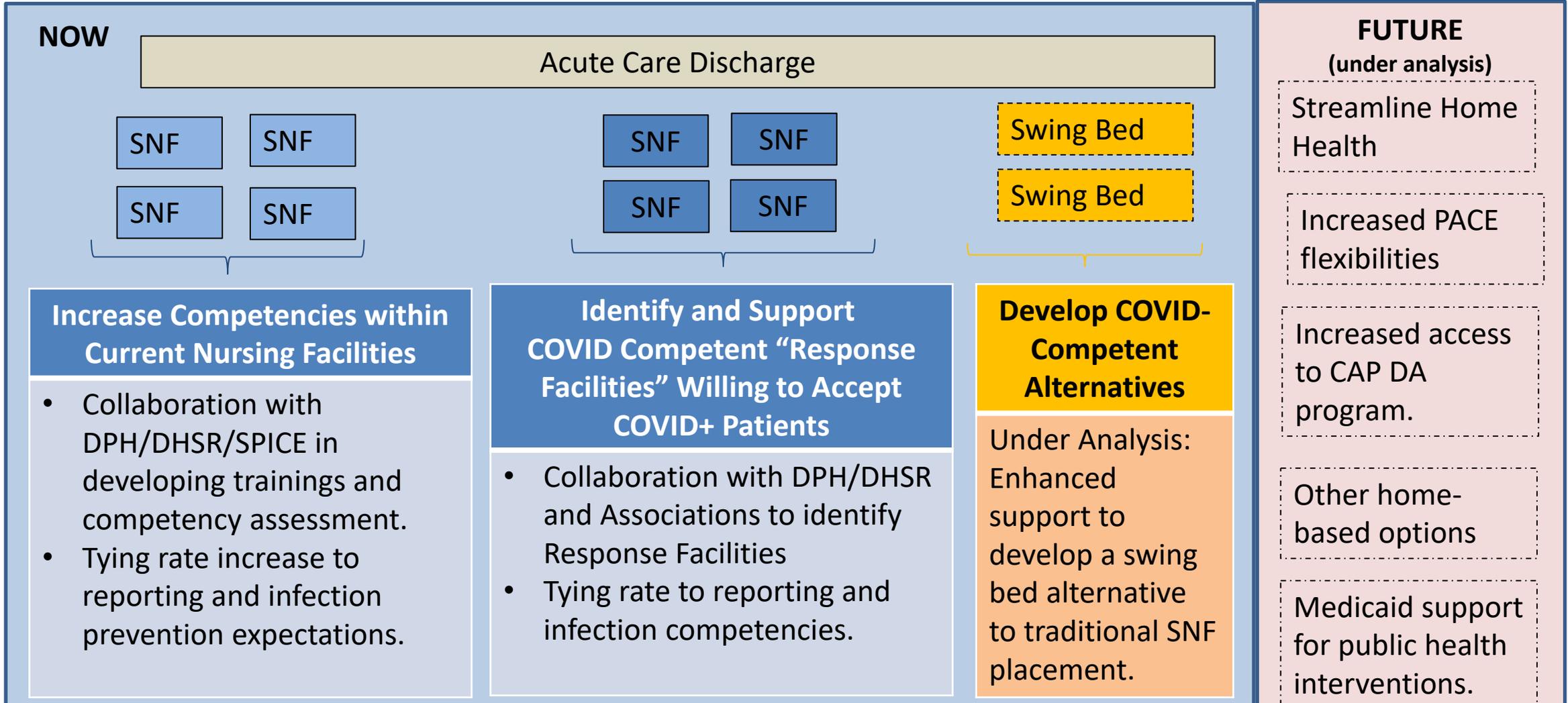
Like All Things Related to Long-Term Care... The Response has been Interdisciplinary



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Goal: Leverage Medicaid Resources to Accommodate Hospital Surge Needs





Goal: To Effectively Support the Care of COVID+ Residents

Under Special Bulletin COVID-19 #82

Targeted assistance to impacted nursing facilities and adult care homes to address the increased cost of heightened health and safety practices related to COVID Outbreaks.

Outbreak Rates are Funding	
Outbreak Nursing Facilities	Direct care staff base rate increase/crisis-related pay increase
	Direct care staff overtime costs
	COVID-related staff training
Outbreak Adult Care Homes	Additional/Specialized PPE
	Additional/Specialized Equipment
	New/expanded infection control-related services or costs not otherwise reflected
	Facility Modifications



Goal: To Reduce Transmission through Effective Infection Management and Prevention.

Under Special Bulletin COVID-19 #88

NC Medicaid is providing financial support to identified provider types to strengthen infection prevention activities.

Nursing Facilities

Personal Care: Adult Care Home

Personal Care: In-Home

Personal Care within CAP-DA

Home Health

Rate Recipients Participate in Activities to Evaluate and Increase Infection Prevention Competencies

- Completion of COVID-19 Long-Term Care Infection Control Assessment and Response (ICAR) Self Assessment Tool and Action Plan.
- Participation in follow up technical assistance as appropriate.



Goal: Increase Flexibilities For Providers

NC Medicaid's is implementing numerous LTSS service flexibilities related to:

- Prior authorization and service utilization
- PASRR assessments
- Use of telehealth options
- Expanded coverage of infection prevention resources and training
- Transition resources
- Retainer payments.

Flexibilities are service- specific and may not apply to all services. Please review NC Medicaid Special Bulletins for additional information.



Next Steps

- Continued evaluation of provider support needs.
- Continued examination of potential flexibilities through 1135 waiver and Disaster SPA mechanisms.
- Evaluation of interventions:
 - Are these interventions working to achieve intended outcomes?
 - How can these interventions support or inform long-range priorities?
 - How do COVID-specific interventions and flexibilities inform the long-range trajectory of long-term care workforce wages?
 - How do COVID-related interventions advance Olmstead-related responsibilities?
 - Other Health/COVID-specific evaluation questions



Questions from this Medicaid Update?

**About Hardship
Advancements**

Medicaid.Hardships@dhhs.nc.gov

**About COVID-related
Rate Increases**

Medicaid.ProviderReimbursement@dhhs.nc.gov

**About Reports
Required of Outbreak
and Response
Facilities**

Medicaid.ProviderReimbursement@dhhs.nc.gov

**About COVID-related
flexibilities in
Medicaid Policy**

Medicaid.covid19@dhhs.nc.gov



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Q & A

Please type questions in the chat box. We will call on you for clarification if needed.