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

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

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

- Yes
  - Does patient meet criteria for discontinuation of isolation?\(^1\)
    - Yes
      - Transfer to medically appropriate facility able to follow CDC guidance.
    - No
      - Transfer to facility able to follow CDC guidance on monitor and care for residents with COVID-19.\(^3\)

- No, test was negative
  - Transfer to medically appropriate facility able to follow CDC guidance for managing new admissions/readmissions.

- Unknown/not tested. Does patient have signs/symptoms of COVID-19?
  - No\(^2\)
  - Yes
    - Obtain test results and repeat algorithm

---

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:
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.
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
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
Goal: Leverage Medicaid Resources to Accommodate Hospital Surge Needs

NOW

Acute Care Discharge

SNF  SNF
SNF  SNF
SNF  SNF
SNF  SNF

Increase Competencies within Current Nursing Facilities

• Collaboration with DPH/DHSR/SPICE in developing trainings and competency assessment.
• Tying rate increase to reporting and infection prevention expectations.

Identify and Support COVID Competent “Response Facilities” Willing to Accept COVID+ Patients

• Collaboration with DPH/DHSR and Associations to identify Response Facilities
• Tying rate to reporting and infection competencies.

Develop COVID-Competent Alternatives

Under Analysis: Enhanced support to develop a swing bed alternative to traditional SNF placement.

FUTURE (under analysis)

Streamline Home Health

Increased PACE flexibilities

Increased access to CAP DA program.

Other home-based options

Medicaid support for public health interventions.

NOW

FUTURE
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.

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<th>Outbreak Rates are Funding</th>
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<tr>
<td>Direct care staff base rate increase/crisis-related pay increase</td>
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<td>Direct care staff overtime costs</td>
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<tr>
<td>COVID-related staff training</td>
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<tr>
<td>Additional/Specialized PPE</td>
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<tr>
<td>Additional/Specialized Equipment</td>
</tr>
<tr>
<td>New/expanded infection control-related services or costs not otherwise reflected</td>
</tr>
<tr>
<td>Facility Modifications</td>
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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?

<table>
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<tr>
<th>Question</th>
<th>Email Address</th>
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<tbody>
<tr>
<td>About Hardship Advancements</td>
<td><a href="mailto:Medicaid.Hardships@dhhs.nc.gov">Medicaid.Hardships@dhhs.nc.gov</a></td>
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<tr>
<td>About COVID-related Rate Increases</td>
<td><a href="mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov">Medicaid.ProviderReimbursement@dhhs.nc.gov</a></td>
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<tr>
<td>About Reports Required of Outbreak and Response Facilities</td>
<td><a href="mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov">Medicaid.ProviderReimbursement@dhhs.nc.gov</a></td>
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<tr>
<td>About COVID-related flexibilities in Medicaid Policy</td>
<td><a href="mailto:Medicaid.covid19@dhhs.nc.gov">Medicaid.covid19@dhhs.nc.gov</a></td>
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Q & A

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