



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Agenda 8/20/2020



Topic	Presenter/Facilitator
Global / National / State Epidemiology Update Infection Prevention Key Recommendations Guidance Updates	Evelyn Cook <i>Associate Director NC SPICE</i>
Staffing Update	Kimberly Clements Program Manager, Healthcare Preparedness Program
Testing Related Updates	Susan Kansagra <i>NC Division of Public Health</i> Scott Shone Director of State Public Health Laboratory Trish Farnham Senior Health Policy Analyst
Discussion / Q&A	Call Participants – <i>Please type questions in chat feature</i>

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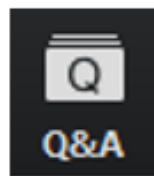


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Logistics for today's COVID-19 Forum

Question during the live webinar



RCC (Relay Conference Captioning)

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

<https://www.captionedtext.com/client/event.aspx?EventID=4546194&CustomerID=324>

Technical assistance

technicalassistanceCOVID19@gmail.com

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Epidemiology



- Epidemiology Update
 - Global
 - National
 - State



CDC Updates

- **Coronavirus Disease (COVID-19)-When to Quarantine**
 - Quarantine is used to keep someone *who might have been exposed to COVID-19* away from others.
 - Helps prevent the spread of disease that occur before a person knows they are sick (not to be confused with isolation)
 - People who have tested + for COVID-19 do not need to quarantine or get tested again for up to 3 months unless they develop symptoms again
 - Even if you test negative for COVID-19 and feel healthy you should quarantine for 14 days after last contact with a person who has COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>



CDC Updates

- **Duration of Isolation and Precautions for Adults with COVID-19 (August 16, 2020):**
 - Discontinue *10 days after first symptom* AND resolution of fever for at least 24 hours AND improvement of symptoms
 - Asymptomatic individuals: discontinue *10 days after the date of first positive PCR test*
 - Extend to 20 days for persons with severe illness
- Persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial infection
- Use date of first positive test in persons who never develop symptoms
- Persons who develop new symptoms within the 3 months may warrant retesting if alternative etiology cannot be identified

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>



Infection Prevention Recommendations

- New Admissions-Re-admissions
 - Residents-COVID status known
 - Residents-COVID status unknown
- Personal Protective Equipment
 - Conventional capacity: measures/controls already implemented
 - Contingency capacity: temporary measures during periods of anticipated shortage
 - Crisis capacity: not commensurate with U.S. standards but may need to be considered during unknown periods of PPE shortages.
- Return to Work-Asymptomatic HCP





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CDC Updated Interim Guidance



- **COVID-19 Guidance for Shared or Congregate Housing-updated August 3, 2020**
 - Created to help owners, administrators, or operators of shared (also called “congregate”) housing facilities-working together with residents, staff and public health officials-prevent the spread of COVID-19
- This is in addition to the May 29, 2020 Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>



Federal Announcement on SNF Point of Care Testing

- **Facilities are prioritized to receive a Point of Care testing device based on the following criteria:**
 - Nursing Homes that are identified as being in “Hotspots”
 - "Nursing homes nationwide that have reported any of the following:
 - Three or more confirmed or suspected new cases of COVID-19 in the last week
 - At least one new COVID-19 case in the last week after having zero previous COVID-19 cases
 - Inadequate access to testing in the last week or at least one new resident death due to COVID-19 in the last week
 - At least one new confirmed or suspected COVID-19 case among staff in the last week”
 - Nursing homes must also have an eligible CLIA Certificate of Waiver as outlined by CMS
- **65 Nursing Homes from North Carolina thus far receiving machines**
- **New federal rules are pending but will tie frequency of testing to state and local metrics**
 - <https://covid19.ncdhhs.gov/dashboard>



Secretarial Order #2

Follow up to select questions raised

To clarify, are you using the NC definition of an outbreak which is 2 cases related to the facility?

Under CDC reporting requirements, weekly testing should begin with the identification of one positive case. Weekly reporting requirements apply regardless if there is one or two newly identified positive cases. To clarify, reporting requirements will refer to “Newly Identified Positive Case/Outbreak Status” to cover both scenarios.

If we have had no staff test positive, however have had 2 residents test positive does staff have to be tested weekly or can we just test residents weekly and staff biweekly?

If two residents have tested positive, the facility has an Outbreak and required to conduct weekly testing of both staff and residents for the duration of the Outbreak.

If a facility had a staff member test positive prior to the mandatory reporting period and followed their health department guidance - are they required to begin with weekly testing on 8/17/20 or do they base frequently of testing from results on 8/17/ 20 forward?

Staff or residents who previously tested positive within the past three months (regardless of whether they were asymptomatic or symptomatic), and are now asymptomatic, do not need to be retested as part of PPS testing. Residents and HCPs who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be evaluated by their medical provider. If the positive test result is over three months old, the staff member should be reintegrated into the biweekly staff testing.

What about prn staff or staff who are on leave who may not be working in the facility on the during that 2-week period - do they need to be tested or only the staff working during those 2 weeks?

Facilities may adopt a more rigorous strategy for testing PRN staff and staff who otherwise miss the testing cycle, but minimally:

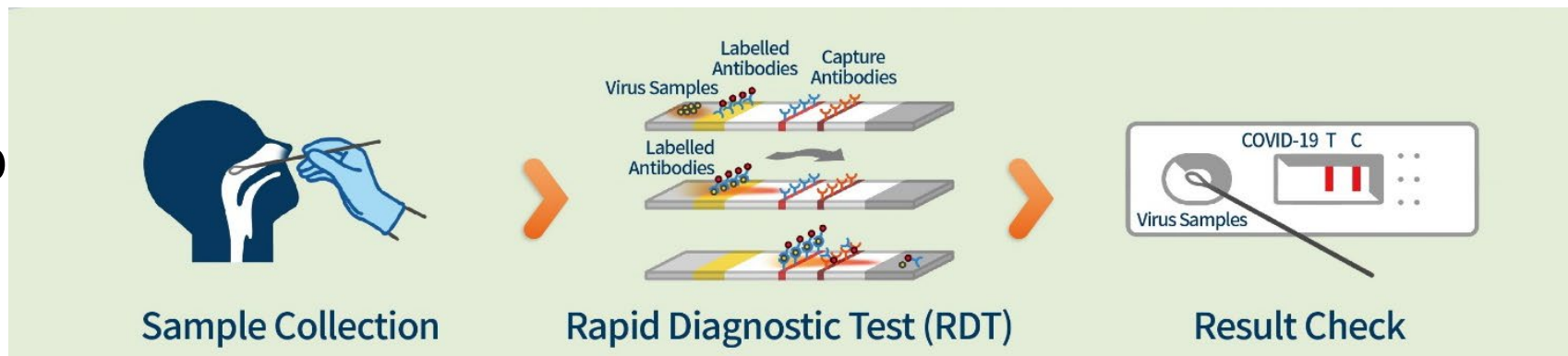
- PRN staff should be included in any testing activity occurring on the week they work but do not otherwise need to be included in testing activity.
- Staff on leave should be reintegrated into the next testing cycle upon their return.



Antigen Testing

POC/Near-Patient

Antigen



- ▶ Less Sensitive
- ▶ Specific
- ▶ Minutes
- ▶ Low throughput

- Antigen testing is best when there is a high pre-test probability of SARS-CoV-2 infection



CDC Antigen Testing Guidance

- The use of devices is allowable for testing in high risk settings, such as nursing homes.
- The two rapid antigen tests that have received EUAs from FDA are limited to diagnostic testing on symptomatic persons within the first five days of symptom onset
 - Diagnostic testing for SARS-CoV-2 is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2.
- When used for screening testing in congregate settings, test results for SARS-CoV-2 should be considered presumptive. Confirmatory nucleic acid testing following a positive antigen test may not be necessary when the pretest probability is high, especially if the person is symptomatic or has a known exposure. When the pretest probability is low, those persons who receive a positive antigen test should isolate until they can be confirmed by RT-PCR.
 - Screening testing for SARS-CoV-2 is intended to identify infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening testing is performed to identify persons who may be contagious so that measures can be taken to prevent further transmission.



Antigen Testing Guidance

- Using point of care antigen testing devices to conduct testing under Secretarial Order #2 is most appropriate for testing HCPs with symptoms or asymptomatic HCPs with known exposure, like working in a nursing facility with an Outbreak.
- If a nursing home has established a vendor-based testing arrangement for its bi-weekly testing that is providing timely results, it is encouraged to maintain this testing practice.
- Antigen testing devices are not advised for bi-weekly testing when there are no known positive cases or suspected exposure. However, if a facility's lab-based testing strategy cannot produce timely results point of care antigen testing devices are considered a reasonable alternative.



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.

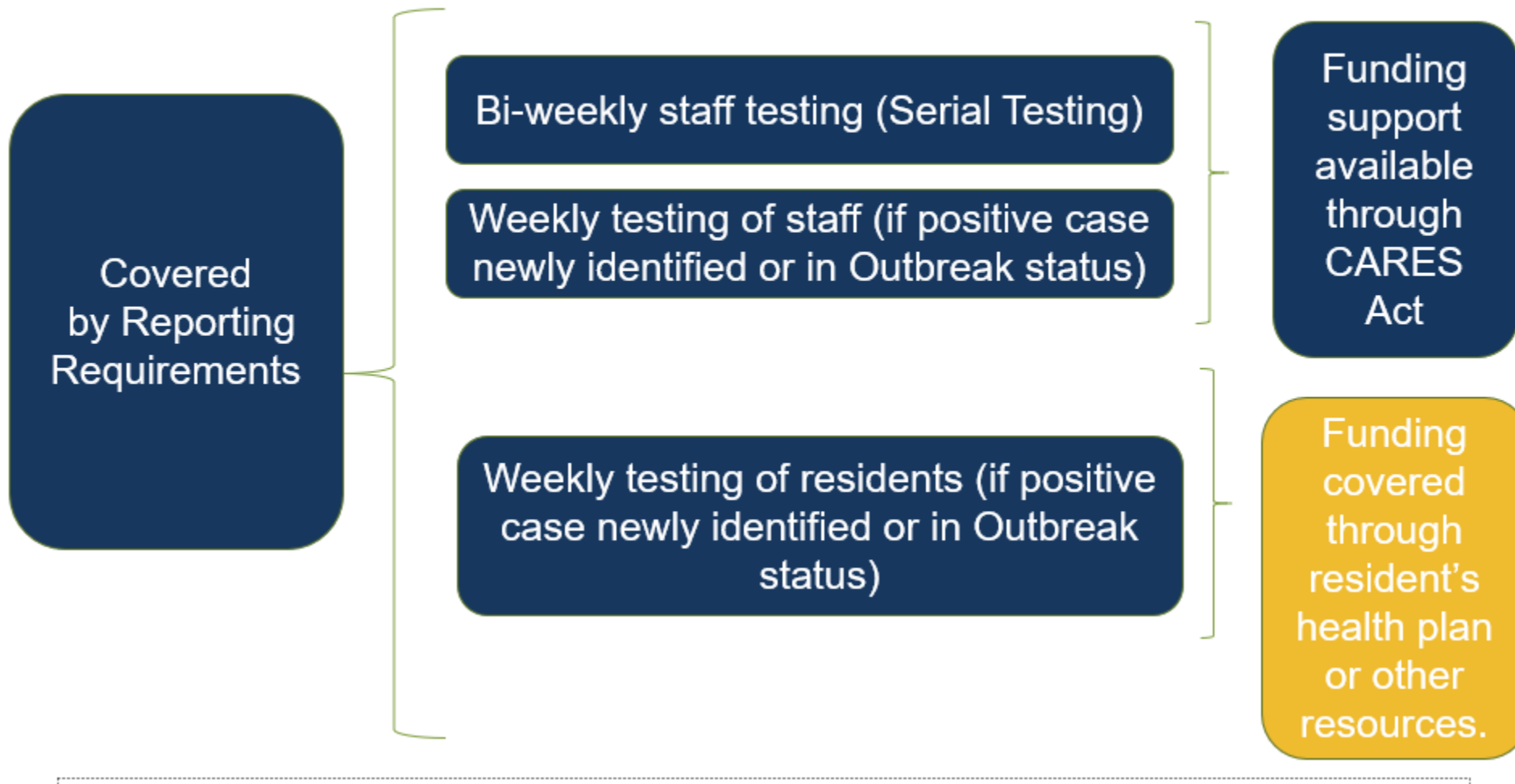


Secretarial Order #2

- Nursing homes regulated by NC Division of Health Services Regulations' Nursing Home Licensure and Certification section.
- This includes:
 - Facilities that do not participate in Medicaid and/or Medicare programs.
 - Combination facilities that have HAL/ACH licensed beds within the same building as nursing home licensed beds.
 - Hospital-affiliated nursing homes and rehabilitation centers.
 - State neuro-medical centers under Division of State Operated Healthcare Facilities (DSOHF).





Secretarial Order #2



Secretarial Order #2 and Related Guidance Posted Here

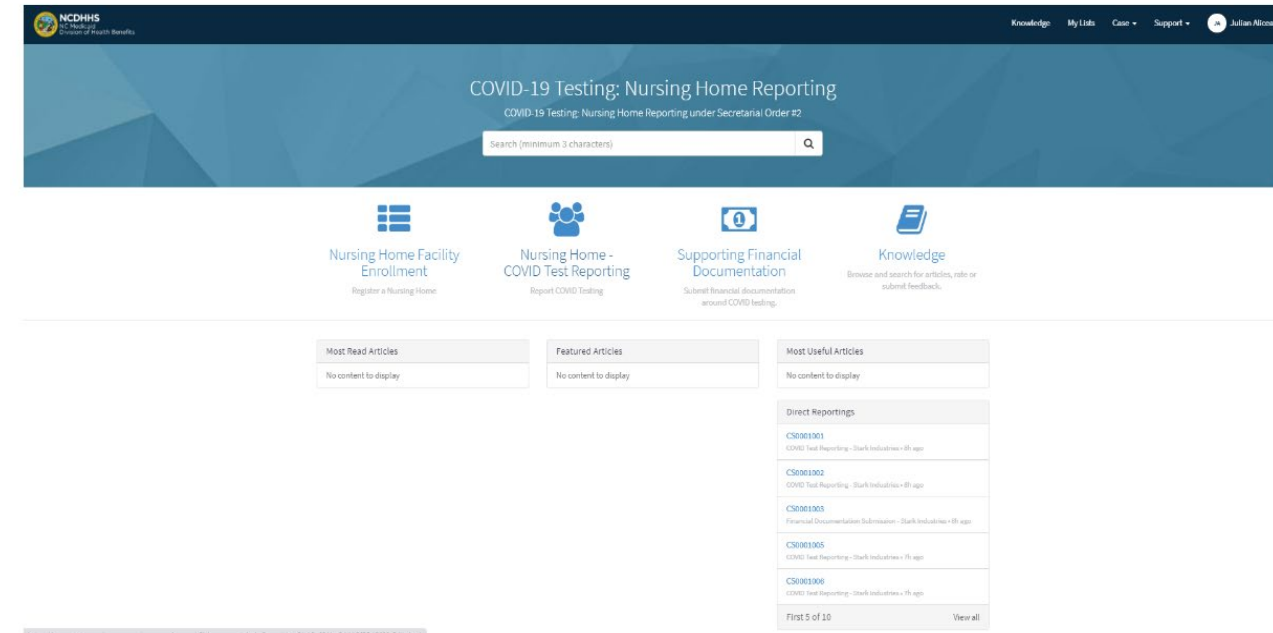
<https://covid19.ncdhhs.gov/information/health-care/long-term-care-facilities>

Ongoing Testing of Nursing Home Staff

NCDHHS took additional steps to protect nursing home residents and staff by issuing a [Secretarial Order](#)  requiring biweekly staff testing and announcing continued state funding for staff testing through November. The order mandates the existing recommendation for biweekly testing. Read the [guidance for this order](#) .

Reminder: 2nd of 2 Training Series for Nursing Homes Tomorrow

- Additional detail related to payment processing and related documentation.
 - Including launch process
- “Tour” of Reporting Tool
- Registration information included in the Guidance referenced on prior slide.
- If facilities registered for Monday’s session, should be registered for both.





Office Hours

- DHHS will host voluntary “Office Hours” to provide reporting guidance and technical assistance.
- Occur Thursdays, 10:30-11:30a
 - 8/27/2020
 - 9/3/2020
 - 9/10/2020
 - 9/17/2020
- To register, please visit:
<https://attendee.gotowebinar.com/register/6373135940969598219>

COVID Special Bulletins Released since Last Webinar (through 8/20/2020)

All available at: <https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers>

COVID-19 Special Medicaid Bulletins



Special Medicaid Bulletins

Bulletins Specific to COVID-19

- [SPECIAL BULLETIN COVID-19 #124: Reprocessing Claims to Apply Retroactive 5% Rate Increase for Medicaid Providers Covered in SL 2020-4](#) - Aug. 19, 2020
- [SPECIAL BULLETIN COVID-19 #123: Temporary rate increase for Local Health Department Dental Services](#) - Aug. 19, 2020
- [SPECIAL BULLETIN COVID-19 #122: NC Medicaid Will Reimburse Providers for COVID-19 Testing for Uninsured North Carolinians: Applications Available](#) - Aug. 17, 2020
- [SPECIAL BULLETIN COVID-19 #121: Executive Order Extends School Immunization, Health Assessment Deadlines](#) - Aug. 13, 2020
- [SPECIAL BULLETIN COVID-19 #120: Keeping Kids Well Program: Improving Well-Child Visit and Immunization Rates Across NC](#) - Aug. 6, 2020
- [SPECIAL BULLETIN COVID-19 #119: NC Medicaid Extends Temporary Clinical Coverage Policy Provisions and Temporary Rate Enhancements](#) - Aug. 5, 2020
- [SPECIAL BULLETIN COVID-19 #118: New Opportunities for Medicaid Providers Applying for Federal Relief Funds](#) - Aug. 5, 2020

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Questions from this Medicaid Update?

About Hardship
Advancements

Medicaid.Hardships@dhhs.nc.gov

About COVID-related
Rate Increases

[NCTracks Contact Center: 800-688-6696](tel:800-688-6696)

About Reports Required
of Outbreak and
Response Facilities

Medicaid.ProviderReimbursement@dhhs.nc.gov



Reporting under
Secretarial Order #2

Medicaid.ProviderReimbursement@dhhs.nc.gov

About COVID-related
flexibilities in Medicaid
Policy

Medicaid.covid19@dhhs.nc.gov

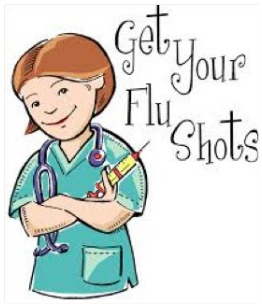
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Immunization Requirements

§ 131D-9 and § 131E-113

- All residents and employees (full and part-time) of *adult care homes & nursing homes licensed under these articles (respectively)* are required to be immunized against influenza virus and pneumococcal disease
- Adult care & nursing homes shall notify residents and employees of the immunization requirements of the section and shall request that the residents and employees agree to be immunized against influenza virus and pneumococcal disease
- Adult care & nursing homes shall document the annual immunization against influenza virus and pneumococcal disease for each resident and each employee
- If documentation is lacking for either of these immunizations for various reasons, the facility shall provide or arrange for immunization of the resident or employee
- Documentation must be provided before November 30th of the current year. For new residents or employees after that date, documentation is required by March 30th of the next year
- *Medical contraindications, religious beliefs, and/or safety restrictions may exempt residents or employees from receiving the immunizations



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Q & A

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