

Transcript for Long Term Settings Updates on COVID-19
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10:00 – 11:00 am

Presenters:

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Hugh Tilson

It's 10 o'clock let's get started everybody. I know that we are seeing people log on as I'm talking. So I'm going to take just a little bit of time to welcome everybody for and say good morning and thank you for participating in our webinar for long term care providers.

As a reminder, our webinars is put on by North County Department Health and Human Services and supported by AHEC to discuss recent updates to the state's COVID-19 response and to provide an opportunity for you to ask questions of DHHS leaders. You can see the agenda on your screen. And it's a full agenda. Lots of good, timely information for you today, and time for questions at the end. My name is Hugh Tilson. I'll be moderating today's webinar. I'll turn it over to Teresa shortly, but I just want to stop and thank everybody, our panelists and those of you who are participating, for making time in your busy schedules to do so. We know how important your work is. And we hope that the information that's presented today will help everybody do that important work and will help make navigating these trying times easier. After you hear from the presenters, we'll turn to your questions. The way to submit a question is using the q&a feature on the black bar at the bottom of the screen. It's that q&a feature the black bar at the bottom of the screen. We will make sure that DHHS has all of the questions so that we can use those to inform subsequent guidance and webinar content if we're not able to get to all of them, we will record this webinar and we'll put the the recording, a transcript of it and these slides on the AHEC website as soon as possible probably tomorrow. Now, let me turn it over to Teresa.

Teresa Fisher

Good morning. Thank you for joining the call this morning. We appreciate you taking your time out to be with us today. I also want to thank you for all the work you do every day to care for your residents. So first, I'll give epidemiology update. Globally World Health Organization as of September 16, there were 29,444,198 confirmed cases of covid and 931,329 total deaths. Nationally for the US as of September 16. We had 6,571,867 total cases and 195,053 total deaths. North Carolina as of September 16 have 188,024 total cases and 3149 total deaths. CDC has not updated any IP guidance oh I'm sorry the next slide please. They have not updated any infection prevention guidance recently, but I would like to quickly review the return to work for healthcare personnel with SARS Cov2 as we continue to receive questions about this. So this guidance was updated on August 10. Health care personnel with mild to

moderate illness who are not severely immunocompromised can return to work after at least 10 days have passed since symptoms first appeared and at least 24 hours have passed, have passed since the last fever without the use of fever reducing medications and symptoms such as cough shortness of breath have improved, health care personnel who are not severely immunocompromised and were asymptomatic throughout their infection, may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test. Just a reminder that asymptomatic staff should not work unless the facility is in crisis standards. And the facility has gone through all the mitigation strategy steps that are outlined to determine that they're truly unable to staff their facility without using all of the other measures. Oh, just a comment that if a health care personnel is immune compromised, the length of time that they may need to stay out of work could be up to 20 days and the decision to return to work should be made. in consultation with their provider, and the public health. The link to the CDC website is there at the very bottom in small print if you want to refer to that. And that concludes my update. So I will now turn it over to Sabrena Lea.

Hugh Tilson

Hey, Teresa, before you do that, we got a question about what temperature is considered a fever in an adult. Can you respond to that?

Teresa Fisher

They they have not given us a specific number. So I you know, you kind of have to base it that we'll even take a subject of fever if the person says that there's a fever.

Hugh Tilson

Great, thank you. Sorry about that, Sabrena.

Sabrena Lea

No worries. Good morning, everyone. I want to speak briefly as a reminder to providers about the current guidance that permits the easing of visitation restrictions and the allowance for outdoor visitation under circumstances, for larger residential facilities this guidance was issued in July, and for nursing homes it was issued with secretarial order number three, which was issued in September. We continue to acknowledge that we don't have a single solution that will fit the needs of every facility, and that facilities will need to continue to consider their capacity and their resources for easing these restrictions. And we want to acknowledge that we are aware of some wonderfully creative solutions that facilities have come up with that will in April, family members to have contact with their residents. I certainly believes that all of us realize this critical importance for residents of having interaction with their families the critical importance of that to the overall well being of the residents. I want to remind you this morning that prior to easing visitation restriction facilities must have written plans for testing, infection control and visitation and this is applicable to both assisted livings or adult care home and to

nursing home. Both settings must not be listed on the DHHS covid website when easing the restrictions, facilities should have a designated outdoor visitation area that accommodate appropriate social distancing. Facilities both settings should have adequate staffing level should also have adequate supply of PPE. I would acknowledge that in the context of stay tuned, adult care home assisted living providers, we will likely release some additional guidance revised guidance on easing restrictions for the adult care home setting in the next two to three weeks.

Facility should have adequate staffing levels, adequate PPE the funnel for adult care home visitors must be screened prior to engaging in visitation activities. The guidance addresses that symptoms of COVID-19 fever over 100 cough shortness of breath, sore throat, muscle ache should not permit an individual with any displaying any of those symptoms to participate in any of the visitation options. The final comment I want to make is to encourage facilities when appropriate to use the provision, outline under compassionate care to accommodate the unique circumstances that may be occurring in the life of the lives of the residents to ensure that to the fullest extent possible, they have the option and the opportunity to receive emotional support from their loved ones during this unprecedented time. We continue to convene a workgroup that meeting that will that is preparing and planning for the next step as we move forward to ease restrictions in residential settings and in nursing facilities. But I want to emphasize that in order for us to move forward, it is extremely important that all of us continue to practice both in our professional lives and in our personal lives, the three W's. Hugh, I'll turn it back over to you now.

Hugh Tilson

Thank you. Before we go to Cindy, we got a question about whether these rules apply to PRTF's. Are you there?

Sabrina Lea

Sorry, I was on mute. Um, the guidance is applicable to the facilities outline and I'm checking to make sure. Yes, it does, for the largest headings, it does require that it is applicable to PRTF with seven or more beds.

Hugh Tilson

Thank you very much. Cindy, let me turn it over to you now.

Cindy Deporter

Okay, thank you very much, Nevin, you want to advance the slide please. Um, so this is Cindy Deporter from the DHSR. And I am speaking very specifically to nursing homes. I just wanted to share a few of the slides on August 26, CMS issued transmittal 2038 for nursing home and the testing and survey to tool

and this is the specific regulation that was provided with the very first part of this. So I just wanted to let you all see to see the exact language from the federal regulation. If you'll advance to the next slide, please. Next slide. Thank you. Um, so, this slide just comes directly out of the regulation and it very much speaks to the testing of staff and residents. Um, one of the things to be aware of is that the the information is the transmittal and the guidance for skilled nursing facilities is most certainly the emphasis on staff since the players of course COVID is, is coming in usually, with staff so the testing is, is very focused on staff and then there's very specific requirements as far as for testing residents within that. I'm not going to go through all of that because take quite a bit for them when you've just really provide you all with the very specific information it is there. Next slide please.

The other thing to think about on the slide that's up now is that CMS and CDC does consider an outbreak as one case and so just as an FYI and that will be the language that you will see. Um, the other thing that is very important here is the routine staff testing, the routine testing to be based on the extent of the virus in the community. I have included on this slide the breakdown, the breakdown for the, you can utilize this link to go and look at the county positivity ratings for North Carolina. And you can take a look at this. But I did want to include the link because everyone to have it next slide please.

Hugh Tilson

Cindy, your voice is kind of going in and out if you could stay close to the microphone, that'd be helpful.

Cindy Deporter

Thank you I'm sorry. Um, the other thing, um the serve there is a survey infection control tool that surveyors utilize. This is a, it is on that key 20-38 memo, and it does direct surveyors to review three residents and three staff. The surveyors will review the facilities testing process and review the documentation to determine compliance based on the facilities response, documentation, observations, record reviews, the facility is selection to do survey is based on the weekly list that we receive from CMS that is based on the CDC, nursing home FM data and community status, the positivity, rate. And I did share that link. So you can take a look at the positivity rate for your county. And we do do the surveys own site. And the comments above represents the minimum testing of expected for the facility. We also know and we were told last week that CMS indicated that they are mailing out more and more information in terms of excuse me more testing devices, to nursing homes across the United States, and they are doing some targeted mailing of these devices also to the assisted living. So I think that's my last slide. And I don't know if there's any questions Nevin, but I'm happy to answer. I'm hoping you can hear me better now.

Hugh Tilson

We're gonna turn to Jennifer and talk more about testing and then we'll turn back to the questions.

Cindy Deporter

Great, thank you.

Jennifer MacFarquhar

Good morning, everyone. Next slide, please. Great. So I just wanted to provide a quick update to you all, as you know, the secretarial order number two is set to expire on the 22nd. And so we are working with partners to update oh sorry, previous slide to update the the secretarial order, and there was actually just a question in the chat box that I answered. So, so you all get to hear that response as well. But the request was to align with CMS guidance for routine staff testing, and we are in fact moving to do that. So as Cindy just mentioned, this is the table that is taken directly from the CMS guidance. And so for routine staff testing, again, it will vary by the amount of community COVID-19. So the activity level and the and the county's community. So we will work to align again with CMS guidance here, there would be one distinct difference, and that is, when a facility is experiencing an outbreak, we would continue to repeat that viral testing of all previously negative residents and staff as well, until the testing identifies no new cases of SARS Cov2 infection, and this would actually extend for a period of 28 days since the most recent positive result. And again, I know that 28 versus 14 is a little bit different for North Carolina versus CMS. And that is because in in North Carolina, we do implement control measures for two incubation periods to assure that the outbreak is in fact declared over. So again, that would be 28 days. And then just for additional clarity here, if there is any ambiguity in the testing, the testing schedule, the more rigorous testing schedule would apply. So I know that there will be questions following this presentation on that. But that is all that I have at the moment. Thanks.

Hugh Tilson

Thank you, Jennifer. Trish.

Trish Farnham

Hi, everybody. Can you hear me?

Hugh Tilson

Yep, we can hear you.

Trish Farnham

Great. Wonderful. So Hi, everybody. hope everybody's having a decent start to your Thursday. Just wanted to provide a few updates on the reporting portal and some of the interconnected activities that are either already underway or that we'll be launching shortly based on the information Jennifer just

shared. So you can go to the next slide Nevin. Thank you. So a couple of updates for you all. First of all, this group in the nursing, certainly the nursing facility attendees today have worked tremendously hard on their on complying with secretarial order number two, reporting period one ended a couple of weeks ago and or excuse me on the eighth not a couple weeks ago last week, and just wanted to confirm that our compliance rate is now over 85%. 369 facilities have submitted testing activity and we really appreciate all the work that you and your staff have done to make that possible. So we are still analyzing the the testing data at a more granular level. We have identified those facilities that have not submitted, and we'll be reaching out to them. But we just wanted to really emphasize and acknowledge the hard work for those facilities that have submitted. So thank you.

Just to let you know on the updates related to cares act interim payments. So, as this group probably well know, well knows, the 25 million of CARES act resources was dedicated to supporting the staff testing activity under secretarial order number two, and those interim payments that were submitted as part of reporting period one has been processed or are in the process of being processed and are being finalized even as we speak. Just wanted to note a couple of things. Non Medicaid providers, those providers who are not enrolled in the Medicaid program are kind of getting paid in a slightly different way. And as we alluded to in both the special bulletin and an earlier trainings from a program integrity perspective, there will be kind of a modified provider agreement that needs to be processed. And we will be sending those out today. So just be on the lookout for those. We wanted to acknowledge also that we have office hours today or to remind everybody we have office hours today we have an abbreviated version, so not to conflict with this call. So those office hours will begin at 11 and will continue till 1130. And just as a heads up, for whatever reason, if you aren't able to attend today, this was originally slated to be the last set of office hours. Our implementation team has agreed that we need to extend it given all the moving parts that continue to be underway. And so we will be extending our office hours, weekly office hours, at least several more weeks. So just be on the lookout for a fresh invitation. And then, just as a reminder, testing activity for reporting period two is due on the 21st, which is this Monday. And compliance stats will be pulled on Wednesday the 23rd. So, if we know that sometimes you experience a technical glitch or something like that, and certainly want to be mindful and sensitive to that, but it is important to know that we will be kind of assessing our substantial compliance standard. On Wednesday, the 23rd and the materials are due on the 21st. You can go to the next slide.

I am going to roll right into the Medicaid updates. Sabrena and I are representing the Medicaid program today and representing Dave so we're happy to field any questions we can but wanted to proactively provide some update on for the Medicaid team. So if you can go to the next slide. So this is is kind of an important heads up again, this will be kept nor formally communicated in an upcoming special bulletin and circulated through our association. But as you all may remember, way back in the spring, we issued under Medicaid authority special bulletin 88, which was a temporary rate increase to certain provider groups in order to help strengthen infection prevention activities, and kind of aligns with that rate adjustment. We set forth expectations to participate in our public health partners infection control and infection prevention activities. And we just wanted to recognize, first of all, that many, many, many, many providers absolutely complied. And we very much appreciate that compliance, especially among

our nursing facility partners, and our home care partners. We really appreciate the work that you all did to comply with this instruction.

going to be issuing a reinforced expectation of this bulletin and wanted to just kind of give a to kind of telegraph that to on this call today. Providers that receive rate increases under special bulletin 88, who have not already submitted the ICAR self assessment and the related materials must take the following actions by the dates provided below in order to be in compliance. And we've listed the activities here. That includes doing an ICAR self assessment tool, which is now available online instead of a PDF version, submitting an action plan and submitting a self assessment or excuse me on the self assessment and then the providers current infection control plan to to Evelyn as listed here. You will be seeing a special bulletin coming out about this. But we just wanted to alert this group that if you have not otherwise submitted and you are covered by special bulletin 88. You must submit your materials no later than five o'clock on Monday, September 28. Failure to do so and this is where I'm putting on my my bureaucratic enforcement hat is, failure to do so is considered a breach of the productive Medicaid provider agreement and the 10% can be subject to clawback. So, just wanted to kind of put that out there. And again, this will be more formally communicated through an upcoming bulletin. Next slide.

Like we try to every time we wanted to make sure you are aware of the special bulletins that have been released since our last our last session. So they are here and all of them are available at the hyperlink at the top of the page. I think that might be it. Can you go to the next slide? Yep. So and then just as always, if you have questions on any anything that we've talked about within the Medicaid update, here are earlier sessions. Feel free to communicate to the links provided here. Okay. I think I'm finished.

Hugh Tilson

Is somebody talking about this slide?

Dr. Susan Kansagra

Hey, I'll just sat there. Just a reminder of immunization requirements that are in statute in North Carolina and that is it all in for flu vaccine in particular and that all residents and employees of adult care homes and nursing homes are required to be immunized against influenza pneumococcal disease. And so you'll find you'll see a little bit more information here and that is in statute, but just a reminder as we approach flu season, and we think about other ways to protect both our staff and our residents. Just a reminder on the importance of that vaccination. Thank you,

Hugh Tilson

Susan, we got a question about what happens if a resident or associate refuses.

Dr. Susan Kansagra

So there is some information on, in these bullets around what to do around refusals and documentation of that, And so, if you look at the actual statute, and the numbers are listed here that does provide some additional information.

Cindy Deporter

Susan, may I add also that with the federal requirements, the on the federal regulation, it does speak to if someone refuses and the documentation that is required with that, at a nursing home, a skilled nursing facility would have to follow in terms of if there is a refusal by a resident. Thank you.

Hugh Tilson

Thank you. Just wanted to direct everybody to the q&a. There's been a lot of good answers to questions that have been submitted. So please review those. Got some questions that I will pose? If a staff person has been exposed to a positive person but does not test positive? What is the return to work Schedule or protocol.

Teresa Fisher

Hi, this is Teresa. I will take a first pass with that. So if a person is exposed to someone they would need to do their 14 day quarantine. If they develop signs and symptoms, then they would need to isolate and follow the isolation guidelines at that point which would be the 10 days and if they were symptomatic, they wouldn't need to follow the fever and the other guidance that we just went down with no, no fever reducing medication for 24 hours and improvement of symptoms but if they do not develop disease, it would be 14 day quarantine.

Hugh Tilson

Addresses but if HCP has symptoms of covid but test negative should they be out of work and if so for how many days, so symptoms but negative test.

Teresa Fisher

Sorry can you repeat, so if they test they've been exposed but they have a negative test?

Hugh Tilson

It just says symptoms of covid it doesn't say exposure but test negative should they be out of work and if so for how many days?

Teresa Fisher

They should probably follow the same guidelines, especially if they have been exposed and they're continuing to have symptoms they should be without symptoms without fever before they return to work.

Hugh Tilson

Thank you. Is the state working on guidance for day programs?

Dr. Susan Kansagra

There is guidance for day programs available on the DHHS website.

Hugh Tilson

Thank you. What is the staff testing requirements for ICFs with no cases?

Trish Farnham

This is Jennifer and I'll take a first pass of that I would recommend following the same guidelines. But again, Susan or anyone else if you have additional information, please feel free to jump in.

Dr. Susan Kansagra

Yeah, Jennifer just to add there, right. If the question is around testing in ICFs, right, they would need to follow guidance around. If there's one or more cases detected, then the recommendation is to test you know, at least weekly, all negative residents and staff until you are 14 days out from the last positive case.

Hugh Tilson

Our facilities who have residents test positive for covid but transfer them to a covid unit listed on the DHHS website for outbreaks.

Trish Farnham

This is Jennifer and I'll try to clarify that it depends on if the COVID unit is within the facility, or if it's a separate facility itself. So if the COVID unit is inside the specified facility, then yes, they are listed as

having an outbreak. But if they transfer the residence out, and they no longer have any residents in their facility, I do not believe that they are listed on the website. But we can certainly follow up on that.

Hugh Tilson

Thank you. Why are two or more cases considered an outbreak and an ALF for SNF, but called a cluster everywhere else the wording of an outbreak versus cluster paints a negative picture.

Jennifer MacFarquhar

Jennifer and I'll take first pass, but please anyone else feel free to jump in? So, you know, the outbreak is the tip, the typical term that we use for two or more cases of a similar illness again, and kind of a specified geographic place and also time. So that they cluster was added, I guess, earlier this year in response to this for other setting types. Again, you know, I'm not exactly clear on the reasoning for that. But I think they just chose to use a separate term for industries or settings other than healthcare settings. Thanks.

Teresa Fisher

Hi, this is Teresa. I would just add that it is because of the high risk to this specific population that we use the outbreak more rapidly than in some of the other areas and the clusters are generally in in settings that do not have this high risk population.

Hugh Tilson

Thank you. Are there plans required testing test reporting at other facilities? Or will this requirement remain was with nursing homes only?

Jennifer MacFarquhar

This is Jennifer and I'm not exactly sure I understand the question as far as, you know, where other facility types like healthcare facilities or are what? So yeah, I'm sorry. I need a little more clarity on the question.

Hugh Tilson

All right. See if somebody adds to that in the q&a, what's the guidance on new tests being sent out on the new tests being sent out? Do we know what that means.

Cindy Deporter

This is Cindy. I will take a little bit of stab at it since I did talk about CMS sending out new testing that they're sending out the testing devices, the antigen testing devices and they did advise us last week that they were sending out a second wave of those throughout the United States. They had originally sent out these devices based on the positivity rate in the county and also as far as the facility outbreaks and so they were getting ready to they had purchased more and they were starting to send those out. Last week, they did not give us a time frame.

Hugh Tilson

Thank you, Cindy. Will facilities be notified if the ICAR assessment needs to be sent in I'm asking to ensure receipt of the original document.

Trish Farnham

This is Trish I can I can take the first stab at that. With maybe an assist from Jennifer, we would strongly encourage you to check your own records first. We will not be any issuing any proactive communication saying hey, we've received it that hasn't otherwise already been sent. So please please check your own records. If you have a question after you check your own records. I'm going to trust Jennifer would be okay with my saying it's okay to check with Evelyn. But again, it's a very small team and we appreciate your kind of doing your own due diligence before you reach out. Is that fair, Jennifer?

Jennifer MacFarquhar

Yeah, thanks, Trish. I think I would certainly agree with that. And so Evelyn Cook will be able to provide that information and we can also report run a report on our side as well. So myself thanks.

Hugh Tilson

We got a follow up to the earlier question I was asking about the use of the reporting portal Trish was discussing. My understanding this is currently only required for nursing homes will the use of the portal for reporting be required in other types of settings ICF, PRTFs, etc.

Trish Farnham

I think I can answer what is at this time and that's not available. That's not available answer. That's a that's I can't speak for the entire department. But at this time the the focus is on nursing nursing homes. And that at this time it's the focus is on nursing homes for the portal.

Hugh Tilson

Thank you. Under SB 88, do we complete monthly reports even if we have no positives?

Trish Farnham

So actually, I think the question may be confusing special bulletin 88 with special bullets and 82 which is totally understandable. There's a lot of special bulletins out there. Special bulletin 88 is the one we're talking about right now. And that's the one that focuses on infection prevention and submitting an ICAR self assessment, a an action plan and an infection control plan. So the outbreak reports are under special bulletin 82 and that's not the subject of what we're talking about today, but totally get the question.

Hugh Tilson

What's the state saying in regards to false positive versus false negative tests? How are those looked at in the numbers?

Jennifer MacFarquhar

This is Jennifer and I'll take my first pass at that was would invite any others that would like to. So I can't say what we are seeing as far as false positives versus false negatives, but, you know, the antigen tests are reported a little differently and they're actually considered a probable case. And so, you know, it's an option to follow up those antigen test, again, an option with a molecular diagnostic test such as a PCR so if you know a an antigen test is positive and followed up by a PCR test within 48 hours. And that PCR test is is negative and we consider that PCR test to stand and so we would consider that to be a negative. So, thanks.

Teresa Fisher

Hey, Jennifer, I would just like to clarify that if a facility is in an outbreak, the recommendation is not to do an additional PCR test. So if they haven't, if you're in an outbreak and you use the antigen, and that's positive than the way the CDC algorithm is for nursing homes, is to not do the confirmatory PCR and it would be disregarded. If it was done during an outbreak then we would follow the antigen test.

Jennifer MacFarquhar

Yeah, that's a very important clarification. Thanks.

Hugh Tilson

How can a facility show a test is a false positives there if they are concerned that happened?

Jennifer MacFarquhar

Again, I think I actually think that Teresa and I just answered that and Teresa much more eloquently than I did.

Hugh Tilson

Going back to flu vaccines are you saying flu vaccines are required for employees or offered?

Cindy Deporter

So I can answer a little bit of this there is a state a rule that says for nursing home staff that the flue vaccines are required for a nursing home staff. I can't speak to the other congregate settings.

Hugh Tilson

Anybody else want to answer for the others are all right, let's move on. Can two Residents quarantine in one bedroom upon admission.

Jennifer MacFarquhar

I'll take a first pass with anyone else who would like to chime in. My recommendation would be to not because you don't know which one is incubating. And then, therefore the other person would then be considered exposed, though, so I would say no, thanks.

Hugh Tilson

Wanting validation I thought that I heard an outbreak is now considered is one case not two could you confirm when we need to be considered an outbreak one or two cases.

Teresa Fisher

This is Teresa I can try to answer that I think there may be some confusion. So if we have a resident who has a case, then we do recommend testing the other residents and staff in the facility. So that may be where that is and based on the CDC guidance. Currently we are still with the two, Jennifer if you have additional or anyone else. Please feel free.

Jennifer MacFarquhar

No Teresa I completely agree with you that is the, you know, our Division of Public Health recommendation classification of an outbreak.

Cindy Deporter

That is correct, this is Cindy the federal guidance from CMS and CDC reporting requirements is that one case is considered an outbreak. But for reporting requirements to CDC portal then it is considered one case.

Hugh Tilson

What should ICS providers do when the testing site refuses to test asymptomatic residents. We're trying to test weekly when we have positive case in the homes we're being turned away from the test site since the residents are asymptomatic, and recently tested.

Dr. Susan Kansagra

Eric can help with this one, you know it sounds like in this scenario that the residents are being taken to a you know clinic, or other testing location as opposed to the testing happening on the side, you know, and that's really unfortunate to hear obviously the guidance does recommend testing weekly and so I would encourage if you are ever at a you know clinic or provider's office and, you know, they are differently to encourage them to go to the CDC website also your DHHS website. Clearly, recommends testing for anybody that has contact with long term care facilities as well and so both guidelines do outline that and that testing should be happening, whether you're getting that tested in house or you're going to another level location to have the testing done.

Hugh Tilson

How would you use to new AG testing cards.

What guidance is DHSR given to surveyors about the use of PPE when conducting an on site survey in a 5600 home or individual provider procedures being respected in order to protect them, protect from infection

Cindy Deporter

This is Cindy, and I can speak to for the SNF facilities on all of our surveyors and I know also it's being provided for all of our other DHR all of our other like assisted living our with our ID. So, on any, any of

our facilities, any of our survey staff that are going into these cognitive living settings. We do provide them with PPE they have the gloves, they have gowns, they have face masks, they also have eye shields, if they if they have access to them for all surveyors. We have the expectation most certainly that that surveyors should be screened and asked the screening questions and also have the temperature checks just like other folks that would be coming into your facility. I hope that answer.

Hugh Tilson

There's a follow up question about our surveyors being tested.

Cindy Deporter

The answer is no. -- CMS facilities, CMS does not recommend it at this time.

Hugh Tilson

Questions about that, when an employee enters a covid unit but is not providing care, it is required for them to have gown and face shield on or only when providing care.

Cindy Deporter

I will take a stab at this and then, hoping that Teresa and Jennifer will also talk about this. The CMS. We follow the SNF facilities we would look to see that if a staff member was going on to a COVID hall that they would have the proper PPE on when they walk them through the COVID hall, if others have can provide other guidance on that.

like.

Teresa Fisher

Yeah. Thanks, Cindy and our recommendation aligns with that of CMS and DHR so so yes we would recommend that any staff member who is entering a COVID hall, have the appropriate PPE on again, part of that is because you don't know if they're, what is contaminated in that unit. And if an individual happens to go in and need to provide care to somebody they need to have the appropriate PPE on. So yes, they would need to wear the full PPE.

Hugh Tilson

If a resident is having an issue with increased stress/increased psych meds, or decreased appetite/weight Do not be able to see their family members or facilities required to let the family visit like we have to do with end of life visits.

Cindy Deporter

This is Cindy and I'll address this and I did send out some things about SNF facilities and again I'm gonna stick to SNF but but as far as across the board with congregant situations, expectation is if a resident in a facility is struggling like that and they are Is there is a clear decline in the residents demeanor their eating their way, they're depressed, then yes, we would have expectations that the facility would work with the family to allow that family to come in to provide a compassionate care. Now, certainly they would have to be screened and would need to follow the requirements of anybody else and have their temperature taken, but we have to see these types of visits are already occurring out in nursing homes, because we have some residents very severely affected by not being able to see they're family. Or if facilities could allow these type of compassionate visits, they do have to make sure that the family member has full PPE on and they have there should be social distancing this, this may be outside. And, or if the person can't do that it could be indoors. But then again, it has to be both certainly there has to be guidance that the facilities would have in their policies. I don't know if anybody wants add anything.

Hugh Tilson

Resident has previously tested positive. Are they able to have closer interaction during outdoor visitations with family members, such as hand holding.

Sabrena Lea

This is Sabrena I'll start that response. Current guidance talks about and describes the necessity for social distancing of individuals, and so hand housing would not accommodate the necessary necessary social distancing of at least 6 feet.

Hugh Tilson

A local health department is insisting that we need to return, return to PCR testing versus the antigen testing that we're using for all testing this week because of its sensitivity we are actively participating in calls with CMS administrator Verma, who said on the call that is a federal violation for states to prohibit the use of these machines. We are referencing the prep back language which appears to supersede this as well. Any comments.

Alright, got a follow up to the false positives. So if a staff member has a positive ar eyou saying not to retest so the facility has no proof an error was made. There should be a correction made.

Teresa Fisher

If I'm understanding if the facility is not in an outbreak. And they have used the rapid antigen test and come back positive on the antigen test. They can send a PCR and if that is negative, then that would trump it and it would be considered. We would go with the negative result. But if the facility isn't an outbreak then you would not retest.

Hugh Tilson

Go a follow up to the flu shot are residents required to have the flu shot.

Cindy Deporter

This is Cindy again, residents should be offered to have the flu shot and the resident has right to refuse the flu shot and the facility should advise the resident, the pros and cons of having, of not taking the flu shot. And there should be documentation in the chart if the resident does refuse that there are some people that are allergic to some of the components at times with the flu shots so there are reasons that residents can refuse it.

Hugh Tilson

Thank you got a number of questions following up on the compassionate visits. One says, I assume compassionate visits are not quote regularly/weekly you comment on that?

Cindy Deporter

There's not a specific answer for that. It would depend on what the situation is in terms of that specific resident, one visit might be appropriate or it might take more so I can't say, one would do it, it'll depend on the resident and on the specific situation.

Hugh Tilson

Got a question. Can we consider MAT visit, compassionate visits, there are a number who are very worried about voting.

Cindy Deporter

What I can say about that there are discussions going on about this.

Hugh Tilson

Thank you. Should compassion care visits that are not end of life be conducted outdoors or should we allow those to be done indoors.

Cindy Deporter

It would depend on those circumstances, with the residents. Most certainly outdoors will be fine. Sometimes residents cannot be outdoors so it depends on the situation.

Hugh Tilson

With family visits for end of life, etc are the families required to wear full PPE, gowns masks.

Cindy Deporter

Yes, that is the guidance that this has been provided with the CMS regulations for those types of visits, because people that come in to any of these living situations, they, they're supposed to be wearing appropriate PPE.

Hugh Tilson

All right, getting lots more questions about flu shots. So, did Cindy say the flu vaccine is mandatory for skilled nursing staff to have.

Cindy Deporter

Yes.

Hugh Tilson

Same question asked differently. Are there exceptions?

Cindy Deporter

As if with a resident, if somebody, if a person was allergic. That something, I don't have the general statute in front of me right now, I will try to pull it up and provide it to everyone, but it's very clear and it has been in place for quite a long time.

Hugh Tilson

Thank you. So follow up to the antigen testing, there's been some confusion with using the antigen machines can they be used when we are not in outbreak status with follow up for a positive.

Jennifer MacFarquhar

This is Jennifer. They can be used as preferred that we actually have PCR tests. When not in an outbreak setting. So again it is not preferred to use these for the routine testing of staff members during the non outbreak situations however they can be used. If so, you do have the option of following up with a PCR.

Hugh Tilson

Related to antigen testing who bears the \$200 cost

to cost.

Trish Farnham

This is Trish I'm so sorry I missed the first part of the context, are we talking staff testing are we talking resident testing.

Hugh Tilson

It just says for the new antigen test who bears the cost.

the cost.

Trish Farnham

I can I'm sorry for stuttering. Jennifer, Dr. K, feel free to keep me keep me on course here. But under secretarial order number two, staff testing is able to be further interim payments available to cover the cost of staff testing through a CARES act of preparation. And we are working to accommodate the different testing types. So that reimbursement can be made regardless if that doesn't answer the question fully. Feel free to clarify the question or others feel free to add in.

Unknown Speaker

additional

Hugh Tilson

Follow up question about vaccines, or SNF staff required to have pneumonia vaccine as well.

Cindy Deporter

This is Cindy and I don't I don't recall that no, so again. Well, --

Hugh Tilson

Cindy you're coming in and out. So you're going to get the rule out and follow up so thank you for that. I'm not sure. Okay, are vendors who enter a facility required to wear PPE.

Cindy Deporter

So the guidance SNF and for other settings, would be that, if you've got a contractor coming in and I will certainly let Jennifer and Teresa also speak to this, but the expectation is wearing masks and and gloves and according to where they're going in the facility. Have other -- had to go on to a covid hall then they should have --. Jennifer or Teresa would you like to weigh in on that.

Jennifer MacFarquhar

Yeah, Cindy this is Jennifer So we certainly agree if these individuals are going to be entering a covid hall, and they would need both up and of course if they are going to interact with any patient, they would also need the appropriate PPE. Thanks,

Hugh Tilson

We're just about out of time but got questions about follow up on the Abbott, says the testing equipment from Abbott was sent from CMS not at the facilities request. Does the facility incur the \$200 cost. And there's also a question that says, I understand some receive an invoice for the Abbott car test received this week. My understanding is they should not pay those invoices the federal government will pay those may be related.

Cindy Deporter

That, that is my understanding, but I would need to get further clarification.

Hugh Tilson

Okay. So, we are out of time. We got most of the questions but not all of them I think most of the questions that remain have gotten some directional response to them. We'll forward these to DHHS so they can be prepared for I guess the office hours that are coming next or maybe we can talk about them in a couple of weeks when we do this again thank everybody for participating panelists thank you so much for the great expertise and responding to these tough questions.

Let me turn it back over to somebody on the DHHS side for any last comments but thank everybody so much for your time. Anybody want to say goodbye from DHHS.

Jennifer MacFarquhar

Hey, this is Jennifer yeah thank you and thank you everyone for participating today and again we just appreciate all the work that you are doing to provide care for residents in North Carolina.

Hugh Tilson

Thank you. Take care everybody.