



# Agenda 9/17/2020

Topic	Presenter/Facilitator
<b>Global / National / State Epidemiology Update</b>  <b>Infection Prevention Key Recommendations</b>	<b>Teresa Fisher</b> <i>TATP/Vectorborne Nurse Consultant , Division of Public Health, Communicable Disease Branch</i>
<b>LTC Visitation Guidance</b>	<b>Sabrena Lea</b> <i>Associate Director, NC Medicaid</i>
<b>CMS Updates</b>	<b>Cindy Deporter</b> <i>State Agency Director</i> <i>Acting Assistant Section Chief Acute Home Care Section</i>
<b>Testing Related Updates</b>	<b>Jennifer MacFarquhar</b> <i>Epidemiology Field Officer, CDC and Prevention</i>  <b>Trish Farnham</b> <i>Senior Health Policy Analyst</i>
<b>Discussion / Q&amp;A</b>	Call Participants – <i>Please type questions in chat feature</i>

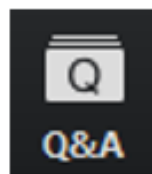


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# Logistics for today's COVID-19 Forum

**Question during the live webinar**



## **RCC (Relay Conference Captioning)**

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

<https://www.captionedtext.com/client/event.aspx?EventID=4577694&CustomerID=324>

## **Technical assistance**

[technicalassistanceCOVID19@gmail.com](mailto:technicalassistanceCOVID19@gmail.com)

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# Epidemiology



- Epidemiology Update
  - Global
  - National
  - State



# CDC Updates

## CDC Return to work Criteria

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
- HCP 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.
    - Asymptomatic staff should NOT work until they have met the above criteria unless a facility is in crisis standards and has gone through all the mitigation strategy steps and determined that they are unable to staff using other measures.
  - If HCP is immune compromised, the length of time may be up to 20 days. The decision for return to work should be made in consultation with their provider and public health.



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# Outdoor Visitation



- Assisted Living
- Nursing Home



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# CMS QSO-20-38-NH: Testing/Survey Tool



## Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool

- **§ 483.80(h) F 886 *COVID-19 Testing*.** The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers...



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# Testing of Staff and Residents with COVID-19

## Symptoms or Signs



- Staff with symptoms or signs of COVID-19 must be tested and are expected to be restricted from the facility pending the results of COVID-19 testing.... Staff who do not test positive for COVID-19 but have symptoms should follow facility policies to determine when they can return to work. (Follow CDC Guidance for return to work)
- Residents who have signs or symptoms of COVID-19 must be tested. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance. Once test results are obtained, the facility must take the appropriate actions based on the results.





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# **Testing of Staff and Residents in Response to an Outbreak**



- An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission
- Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.





# Routine staff testing

- Routine testing should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates will be available on the following website by August 28, 2020 (see section titled, “COVID-19 Testing”):

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>



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# Survey Infection Control Tool



- New Survey Investigation Tool updated for surveyors
- Directs surveyors to review three residents and three staff
- The surveyor will review the facilities testing process and review the documentation to determine compliance based on the facilities response, documentation, observations, record review and interviews.
- Facility selection is based on a weekly list from CMS based on the CDC NHSN data and community status (positivity rate) of COVID cases
- Surveys are completed onsite
- The guidance above represents the minimum testing expected

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# Coming Soon: Revised Secretarial Order

- Align with CMS guidance for routine staff testing

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level		
Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*
*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site		

- Facilities experiencing an outbreak
  - Continue repeat viral testing of all previously negative residents, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or [HCP](#) for a period of 28 days since the most recent positive result.
- If there is ambiguity, the more rigorous testing schedule applies



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# COVID-19 Testing: Nursing Home Reporting Updates



NCDHHS  
NC Medicaid  
Division of Health Benefits

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## COVID-19 Testing: Nursing Home Reporting

COVID-19 Testing: Nursing Home Reporting under Secretarial Order #2



### Nursing Home - COVID Test Reporting

Report COVID Testing



### Supporting Financial Documentation

Submit financial documentation around COVID testing.



### Knowledge

Browse and search for articles, rate or submit feedback.

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# Testing Reporting Updates

- **As of 9/16/2020: 369 facilities have submitted testing activity for Reporting Period 1.**
  - Compliance Rate: over 85%.
  - THANK YOU!!
- **CARES Act interim payments are in process.**
  - Non-Medicaid providers, please look for communication about interim provider agreement as noted in earlier trainings and in Special Bulletin 129.
- **Additional updates will be provided on the Office Hours following this call.**
  - To register: <https://attendee.gotowebinar.com/register/6373135940969598219>
  - To accommodate continued support needs, Office Hours will be extended for several more weeks. New invite to come.
- **Reminder: Testing Activity for Reporting Period 2 is due Monday, 9/21/20.**
  - Compliance stats will be pulled Wednesday 9/23/20



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# NC Medicaid Updates

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## Special Bulletin 88: Reinforced



- **SPECIAL BULLETIN COVID-19 #88: Additional Temporary Rate Increases for Skilled Nursing Facilities, LTSS Personal Care Service Providers and Home Health Providers to support Strengthening Infection Prevention Activities** (Special Bulletin **COVID-19 #88**) provided rate increase and corresponding requirement to Strengthen Infection Prevention Activities
  - Including submitting ICAR, Action Plan and current infection plan.
- Upcoming Bulletin to be posted that reiterates this requirement for covered providers who have not already submitted.
- Failure to do so by the dates established below may result in recoupment of the 10% rate increase established in NC Medicaid Special Bulletin COVID-19 #88.
- Providers receiving rate increases under the scope of Special Bulletin COVID-19 #88 who have not already submitted an ICAR Self-Assessment and/or related materials must take the following actions by the dates provided below to be in compliance:
  - Conduct and submit a self-assessment for each of the provider's facilities using the COVID-19 Long-Term Care ICAR Self-Assessment Tool (available [here](#))
  - Submit an Action Plan (using [this template](#)) based on the ICAR Self Assessment and the provider's current Infection Control Plan required by licensure for the facility to Evelyn Cook at [evelyn\\_cook@med.unc.edu](mailto:evelyn_cook@med.unc.edu). *Note: Please ensure that the subject line of your submission email includes only the word "COVID."*
  - Complete all activities no later than 5 p.m. on Monday, Sept. 28, 2020.

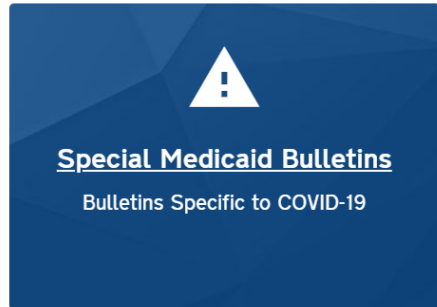
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# COVID Special Bulletins Released since Last Webinar

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

## COVID-19 Special Medicaid Bulletins



- [SPECIAL BULLETIN COVID-19 #131: Temporary Rate Increase for Federally Qualified Health Centers and Rural Health Centers](#) - Sept. 11, 2020
- [SPECIAL BULLETIN COVID-19 #130: Reminder – Provider Relief Fund Application Deadline Sunday, Sept. 13](#) - Sept. 11, 2020
- [SPECIAL BULLETIN COVID-19 #129: Reporting Requirements and Financial Support to Nursing Homes under Secretarial Order No.2](#) - Sept. 8, 2020
- [SPECIAL BULLETIN COVID-19 #128: NC Medicaid Optional COVID-19 Testing Program Online Applications Available](#) - Sept. 2, 2020
- [SPECIAL BULLETIN COVID-19 #127: Antigen Testing Guidance](#) - Sept. 1, 2020

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## Questions from this Medicaid Update?

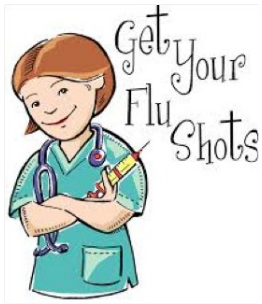
About Hardship Advancements	Medicaid.Hardships@dhhs.nc.gov
About COVID-related Rate Increases	<u>NCTracks Contact Center</u> : 800-688-6696
About Reports Required of Outbreak and Response Facilities	Medicaid.ProviderReimbursement@dhhs.nc.gov
Reporting under Secretarial Order #2	Medicaid.ProviderReimbursement@dhhs.nc.gov
About COVID-related flexibilities in Medicaid Policy	Medicaid.covid19@dhhs.nc.gov



# 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 30<sup>th</sup> of the current year. For new residents or employees after that date, documentation is required by March 30<sup>th</sup> 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

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