



Agenda 9/3/2020

Topic	Presenter/Facilitator
Global / National / State Epidemiology Update	Wanda Lamm <i>Nurse Consultant II, Division of Public Health, Communicable Disease Branch</i>
Infection Prevention Key Recommendations	Jennifer MacFarquhar <i>Epidemiology Field Officer, CDC and Prevention</i>
Guidance Updates – CMS & Federal	
LTC Visitation Guidance	Sabrena Lea <i>Associate Director, NC Medicaid</i> Jennifer MacFarquhar <i>Epidemiology Field Officer, CDC and Prevention</i>
Staffing Update	Kimberly Clement <i>Program Manager, Healthcare Preparedness Program</i>
Testing Related Updates	Susan Kansagra <i>NC Division of Public Health</i> Trish Farnham <i>Senior Health Policy Analyst</i>
Discussion / Q&A	Call Participants – <i>Please type questions in chat feature</i>

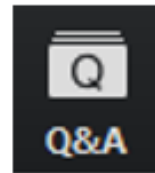


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Logistics for today's COVID-19 Forum

Question during the live webinar



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
- This document gives four (4) scenarios with calendars to help determine when to start and end quarantine.

<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>



CDC Testing Guidelines in Nursing Homes

- Testing conducted at nursing homes should be implemented *in addition to* [recommended IPC measures](#). Facilities should have a plan for testing residents for SARS-CoV-2.
- Recommendations such as testing residents with signs or symptoms of COVID-19 and testing asymptomatic close contacts should also be applied to other long-term care facilities (e.g., assisted living facilities, intermediate care facilities for individuals with intellectual disabilities, institutions for mental disease, and psychiatric residential treatment facilities).
- Testing residents with signs or symptoms of COVID-19
 - At least daily, take the temperature of all residents and ask them if they have any [COVID-19 symptoms](#). Perform viral testing of any resident who has signs or symptoms of COVID-19.
- Testing asymptomatic residents with known or suspected exposure to an individual infected with SARS-CoV-2, including close and expanded contacts (e.g., there is an outbreak in the facility)
 - Perform expanded viral testing of **all** residents in the nursing home if there is an outbreak in the facility (i.e., a new SARS-CoV-2 infection in any HCP or any [nursing home-onset](#) SARS-CoV-2 infection in a resident).

CDC Testing Guidelines in Nursing Homes

- **Repeat Testing in Coordination with the Health Department**
 - 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 at least 14 days since the most recent positive result.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

Additional Guidance:

- **Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities**
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
- **Considerations for Memory Care Units in Long-term Care Facilities**
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>



Visitation for SNFs

- [NCDHHS Secretarial Order No 3 Outdoor Visitation for Nursing Homes](#) (Sept 1, 2020)
- Permits outdoor visitation in certain circumstances and with appropriate infection prevention measures in place



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Staffing Gaps



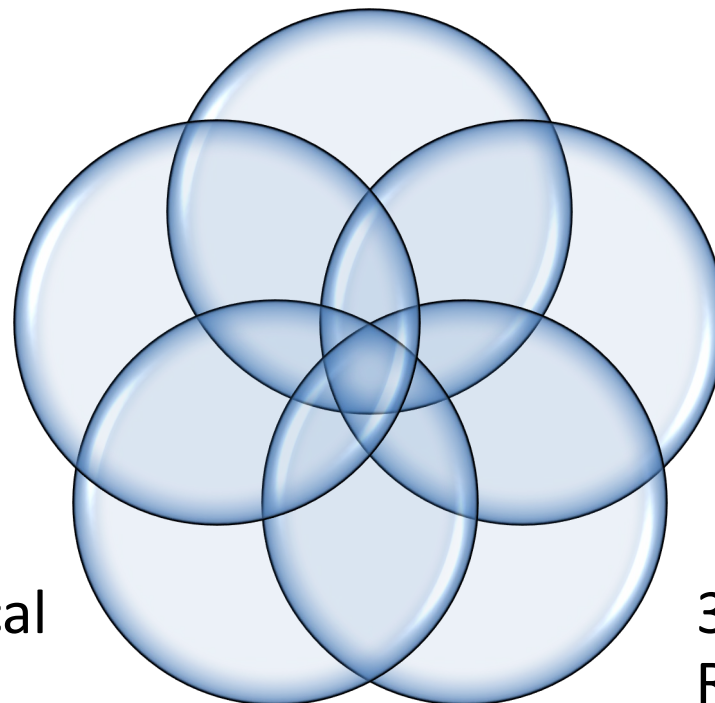
1. Emergency
Staff Hires

5. Patient
Movement

2. ECU Staffing
Connection

4. State Medical
Assistance
Teams

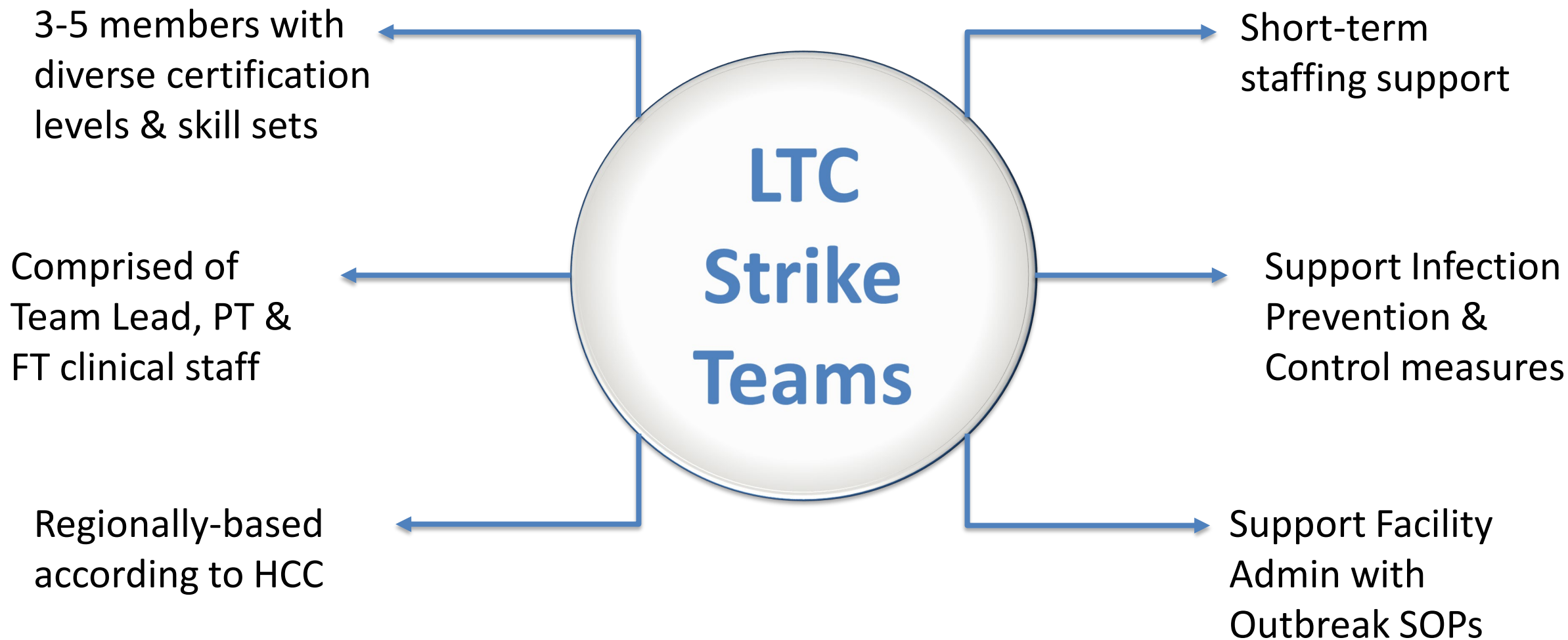
3. LTC Outbreak
Response Strike
Teams



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Strike Team Overview



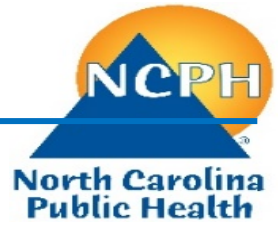
How to Request Support

- Early Notification for Potential/Confirmed Outbreak to local partners (Emergency Management, Public Health, Healthcare Coalition etc.)
- Coordination with local partners & resources
- Consultation with Healthcare Coalitions
- Request for State Assistance goes to Local Emergency Manager to State Emergency Response Team (SERT)
- SERT will assign the request accordingly to Emergency Support Function-8 (ESF8) Disaster Medical Response team – COVID MEDICAL STAFFING
- LTC Strike Team leads will reach out to coordinate resources – usually a 48 hour timeline to spin up resources as they have to travel to most locations
- Questions: OEMSSUPPORT@DHHS.NC.GOV



CMS Testing Rules for Nursing Homes

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- CMS rules will require applicable facilities to conduct routine staff testing on a schedule based on federal county-level positivity rates (per chart below)
- Also NC Secretarial Order #2 requires at least biweekly staff testing for all facilities in NC

Routine Testing Intervals Vary by Community COVID-19 Activity Level Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency	Based on data pulled from here on 8/28/2020. Data covers county positivity rates for week of 8/13/2020 -8/ 19/2020.
Low	<5%	Once a month	14 out of 100 (see Note)
Medium	5% -10%	Once a week*	64 out of 100
High	>10%	Twice a week*	22 out of 100

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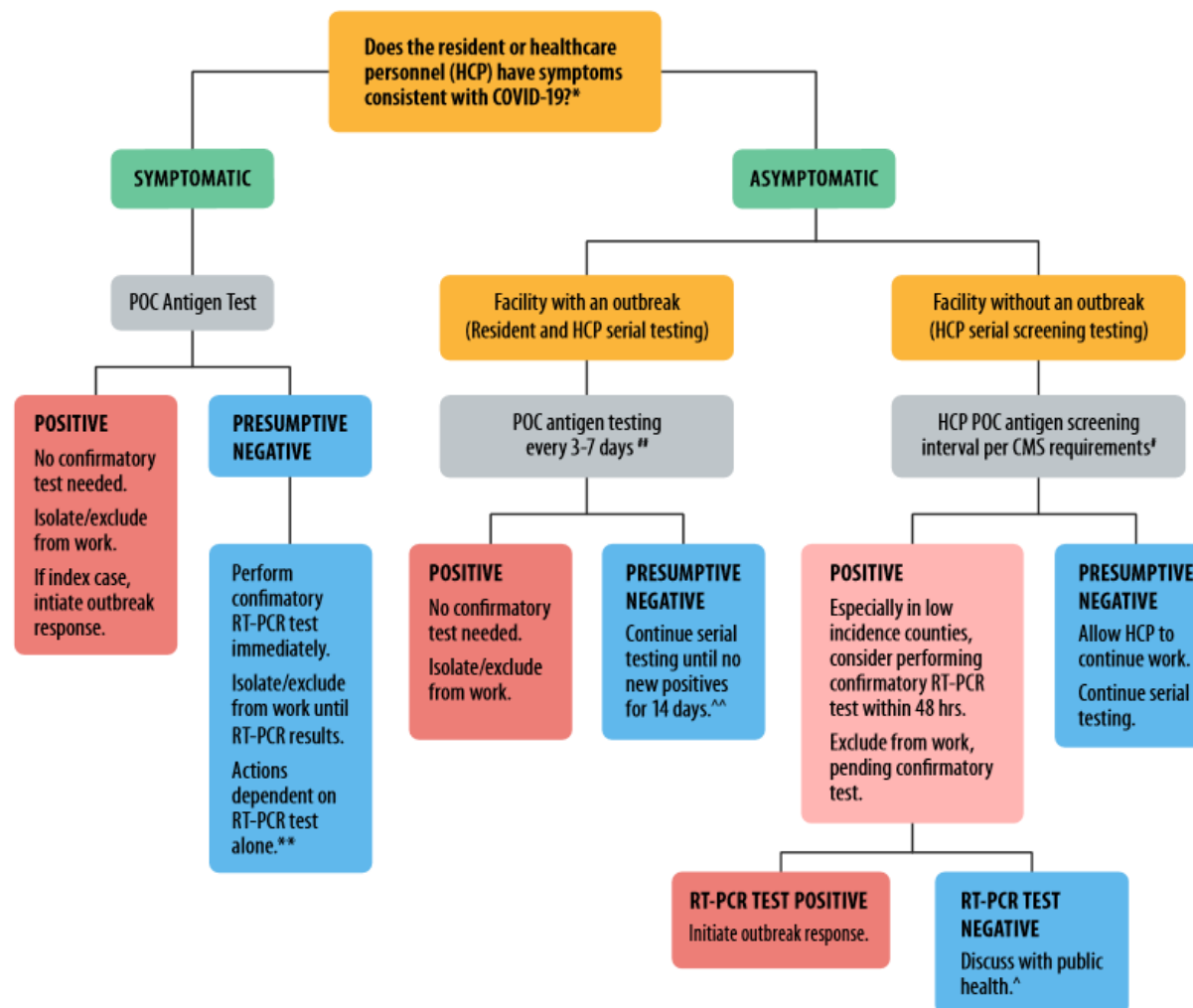


Antigen Testing Guidance

- Using point of care antigen testing devices 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 routine staff testing that is providing timely results, it is encouraged to maintain this testing practice.
- Antigen testing devices are not advised for routine 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.



CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES



- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf>



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CVS Testing Summary – Nursing Homes



39589

Number of Tests Performed



242

Number of Sites Tested

1.3%

Percent Positive

0.6%

Percent Positive
among Sites with No Outbreak

2.8 %

Percent Positive
among Sites with Outbreaks

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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 No. 2 Update

- **Secretarial Order No. 2 still in effect.** Department is examining in light of recent federal requirements.
- *COVID-19 Testing: Nursing Home Reporting Portal* is the reporting platform for Secretarial Order No. 2 reporting only.
- **Testing activity for 8/17/2020-8/23/2020 and 8/24/2020-8/30/2020 must be reported by COB, September 8, 2020.**
- Will be hosting modified office hours immediately after this call (11:00-11:30)
 1. Communicating an error in reporting.
 2. Confirming your submissions (“cases”).
- Guidance and “one stop shop” resource available here:
- <https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/status-reporting-reimbursement>

Upcoming Activities and Timelines

Voluntary: Today, 11:00-11:30 Office Hours

If haven't otherwise registered:

<https://attendee.gotowebinar.com/register/6373135940969598219>

Voluntary: Tuesday, 9/8/2020: 8a-5p Customer Support

<https://global.gotomeeting.com/join/221178565>

Or just call:

(571) 317-3122

Access Code: 221-178-565

Mandatory: Registration to use Portal.

For help: <https://files.nc.gov/ncdma/covid-19/COVID-19-Testing-Nursing-Home-Reporting-Portal-Starter-Kit-Released-8-24-2020.pdf>

Mandatory: All testing activity for weeks 8/17/2020-8/23/2020 and 8/24/2020-8/30/2020 must be submitted by COB 9/8/2020.

Your Help Button: Medicaid.ProviderReimbursement@dhhs.nc.gov



Provider Relief Fund Announcements: Just an FYI from Medicaid Policy Team

- For the \$2.5 billion of a planned \$5 billion in awards made to nursing facilities last week, [federal] HHS did not explicitly link the funds to [new testing requirements mandated by CMS](#) last week. However, in its [initial announcement of the funding allocation](#), it described the funds as being intended to support increased testing, staffing, PPE acquisition, and setting up COVID-19 isolation units. A state-by-state breakdown of [total awards made to nursing facilities from the \\$2.5 billion is available here](#).

COVID Special Bulletins Released since Last Webinar (through 9/2/2020)

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



Special Medicaid Bulletins

Bulletins Specific to COVID-19

- [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
- [SPECIAL BULLETIN COVID-19 #126: New Deadline for Medicaid Providers Applying for Federal Relief Funds](#) - Aug. 28, 2020
- [SPECIAL BULLETIN COVID-19 #125: Webinar on Updated CDC Dental Guidance](#) - Aug. 27, 2020
- [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

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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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Q & A

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