



Celebrating our caregivers' excellence... Thank you for all you do!

Visit our COVID-19 Page Here

Dear Member:

Governor Janet Mills Directs Flags Lowered in Honor of Lives Lost to COVID-19

Consistent with a [directive \(PDF\)](#) of the President, Governor Janet Mills today ordered the United States and the State of Maine flags be lowered immediately statewide through Friday, February 26, 2021 in solemn remembrance of the 500,000 Americans, including 660 Maine people, who have died with COVID-19.

“As a state and as a nation, we have suffered unimaginable loss these last twelve months, but the greatest grief is borne by families whose loved ones are no longer with them because of this deadly disease,” said Governor Janet Mills. “Let us pause in solemn remembrance of the 500,000 Americans, including 660 Mainers, we have lost, honor the lives they lived, and pray for the swift recovery of all those who are still battling this virus.”

Nursing Homes in Low Positivity Counties: Visitation Guidance from Maine DLC

Today on the Maine MD call the Maine Division of Licensing stated that state survey agencies are getting pressure from the federal CMS offices to enforce the compliance of allowable visitation when conditions are met per CMS guidance. According to [QSO 20-39-NH](#), facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

NOTE: For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Facilities should use the COVID-19 county positivity rate, found on the [Maine CDC COVID-19 site](#) as additional information to determine how to facilitate indoor visitation. MHCA wants to remind facilities that for counties in the low range, indoor visitation is permitted AS LONG AS the facility is following current [CMS guidance](#), limiting the number of visitors allowed at one time and restricting movement within facility.

Additionally, OADS has provided the following testing and community guidance for NFs and ALFs (Table 3-A applies the Group A, the group of facilities that is subject to mandatory testing. Table

3-B applies to Group B, the group not subject to surveillance testing):

Link to Table 3-A: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Community-Engagement-Guidance-Group-A.pdf>

Link to Table 3-B: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Community-Engagement-Guidance-Group-B.pdf>

Maine CDC MD/Clinician Call Summary 2/23/21

Maine CDC Updates:

- COVID case trends are going in the right direction – down. Today’s PCR positivity rate is the lowest it’s been since last November at 1.13%. LTC has had fewer outbreaks since January. Vaccination continues. Infection control protocols remain in place. All of these factors taken together are likely contributing to the good news, however, we must remain vigilant.
- The FDA is expected to give final approval of the Johnson & Johnson vaccine this Friday, followed by ACIP approval and then final CDC sign off. If all goes according to plan, Maine could receive first J&J doses as early as next week.

Visitation:

- State survey agencies are getting pressure from federal CMS office to enforce the compliance of allowable visitation when conditions are met per CMS guidance. (Article above)
- Facilities can use BinaxNOW testing for visitors but only on a voluntary basis. CMS expressly notes it cannot be a condition of visitation.
- For out of state visitors, facilities should follow the Governor’s Executive Orders regarding travel and quarantining or testing and consider the State’s status as exempt or nonexempt from travel restrictions. See: <https://www.maine.gov/covid19/restartingmaine/keepmainehealthy/faqs>.
- Pet Visits – Pet visits remain single resident only vs. pet therapy with multiple residents since pets can still be a vector for COVID-19.

HCW Vaccination and Quarantine

- Maine CDC has created an exposure investigation checklist for exposure and work restrictions and/or quarantine guidance: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/HC-Facility-COVID-Exposure-Investigation-Checklist.pdf>
- If a facility is in staffing crisis and the HCW must return to work during the 14 day incubation period, they should practice enhanced masking per the guidance flowchart, noting efforts should be made first to work restrict.

Vaccination

- DHHS still in the process of determining how new LTC residents and staff will be vaccinated once the Federal Pharmacy Partnership program sunsets. The J&J vaccine may open up new possibilities.
- For now, the State is suggesting facilities reach out to various partners for assistance – i.e. home health agencies, independent living clinics, retail pharmacies, your original vaccinator, etc. If you have a situation in which a first dose has been delivered but you need the second dose and you’ve exhausted your options, please reach out to Maddie at the Maine Immunization Program at Madeleine.Squibb@maine.gov or to OADS at OADS@maine.gov.
- LTC residents can receive vaccine at one of the State’s mass vaccination clinic sites. Please follow appropriate source control and social distancing in transit and once on site.

Medicare AAP: How to Request an Extended Repayment Schedule

Medicare Advance and Accelerated Payments (AAP) repayment terms include:

- Repayment begins one year from the date the accelerated or advance payment was issued.
- Beginning one year from the date the payment was issued and continuing for eleven months, Medicare payments owed to providers and suppliers will be recouped at a rate of 25 percent.
- After the eleven months, Medicare payments owed to providers and suppliers will be recouped at a rate of 50 percent for another six months.

Ability to Submit ERS Applications

After the six months (29 months from the initial AAP), MACs will issue letters for the remaining balance of the accelerated or advance payment(s). If a letter requiring reimbursement is issued, providers and suppliers will have 30 days from the date of the letter to repay the balance in full. If payment is not received within 30 days, interest will accrue at the rate of four percent from the date the letter was issued and will be assessed for each full 30-day period that the balance remains unpaid.

Information related to Extended Repayment Schedules (ERS) will be included in these letters. For information on establishing an ERS, scroll down to section 50 (page 45) of the [Medicare Financial Management manual](#). Providers and suppliers will only be able to request ERSs after the 30-day demand letters are issued.

\$6,000 Opportunity: AHRQ ECHO Nursing Home COVID-19 Action Network

Did you miss the ECHO Nursing Home Network Opportunity? There is still time! You're invited to join a learning collaborative focused on supporting nursing homes during COVID-19. Enroll by February 26 for this evidence-based method of learning that uses the Project ECHO® (Extension for Community Healthcare Outcomes) Model. Your Sponsors are Healthcentric Advisors and Brown University, in collaboration with the ECHO Institute at University of New Mexico and the Institute for Healthcare Improvement (IHI), are sponsoring the Nursing Home COVID-19 Action Network for New England. These ECHO sessions are open to any nursing home teams, but in order to receive the incentive payment of \$6,000 per home, a minimum of 2 staff must participate in at least 13 of 16 sessions. Nursing homes will also receive support with implementation and adoption of quality improvement practices.

Sincerely,

Nadine L. Grosso
Vice President and Director of Communications
ngrosso@mehca.org