



Visit our COVID-19 Page Here

Dear Member:

Maine Advises Pause for Johnson and Johnson COVID-19 Vaccine

Governor Janet Mills, Maine Department of Health and Human Services Commissioner Jeanne Lambrew and Maine Center for Disease Control and Prevention Director Dr. Nirav D. Shah issued the following statement today:

“This morning, the U.S. Food and Drug Administration (FDA) and the U.S. Centers for Disease Control and Prevention (CDC) **recommended** a pause in the use of the Johnson & Johnson COVID-19 vaccine out of an abundance of caution following reports of six cases of a rare and severe type of blood clot in recipients in the United States. Maine CDC is not aware of any reports of these cases in Maine residents. Given this recommendation, the State of Maine is advising that providers pause administration of the Johnson & Johnson vaccine until the U.S. CDC’s scientific advisory committee has further reviewed the safety data.”

Maine CDC issued the following alert on the HAN today:

<https://www.maine.gov/dhhs/mecdc/newhan.shtml>

The pause on the use of the Johnson & Johnson COVID-19 vaccine has left nursing homes and assisted living communities nationwide questioning how they will acquire COVID-19 vaccines for their residents and staff. Dr. David Gifford, chief medical officer for the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) called on the Biden Administration to promptly allocate Pfizer and Moderna vaccines to these settings in order to fill the gap caused by the Johnson & Johnson pause.

According to Dr. Gifford, “Without swift action to replace these vaccines, we could see tragic consequences. We appreciate federal and state officials ensuring our most vulnerable and their caregivers have steady and rapid access to vaccines.”

CMS Ends Four (4) COVID-19 PHE Waivers

Last Friday, CMS issued a memo announcing it is ending four of the 1135 waivers issued in response to the COVID-19 Public Health Emergency (PHE). These changes are effective May 10, 2021. The four waivers that will be ending relate to prior notification of room and roommate change, prior notice of transfer/discharge, certain care planning requirements and MDS submission. CMS also provides clarification and recommendations for Nurse Aide Training and Competency Evaluation Programs (NATCEPs). Currently, CMS is keeping the current nurse aide waiver.

Summary of Removed Waivers (Ended) and those still in effect (Keeping):

- Ending: waiver of notification prior to Resident Room or Roommate Change at 42 CFR §483.10(e)(6).
- Keeping: related waivers at 42 CFR 483.10(e)(5) and (7) when change of rooms is done solely for purposes of cohorting due to COVID-19.

- Impact: You must provide notice before a room or roommate change except when the change is solely for COVID-19 cohorting.
- Ending: waiver of notification prior to Transfer and Discharge at 42 CFR §483.15(c)(4)(ii)
 - Keeping: related waivers at 42 CFR 483.10(c)(5) as well as 483.15(c)(3), (c)(5)(i) and (iv) and (c)(9), and (d) that allow providers to transfer or discharge residents to another long term care facility solely for cohorting purposes without prior written notice.
 - Note: It is important to read the details of these waivers to ensure you are applying them correctly and provide notice as soon as possible when transferring or discharging residents for cohorting purposes.
 - Impact: You must provide written notice of transfer or discharge at least 30 days in advance, or as soon as practicable in certain situations, before the transfer or discharge.
- Ending: waiver of certain care planning requirements at §483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i) for residents transferred or discharged for cohorting purposes.
 - Impact: You must complete baseline care plans within 48 hours of admission and comprehensive care plans within seven days of completion of the comprehensive assessment, according to current regulations.
- Ending: waiver of timeframe requirements for completing and transmitting resident assessment information at 42 CFR §483.20.
 - Keeping: waiver at 42 CFR §483.20(k) related to the Pre-Admission Screening and Annual Resident Review (PASARR).
 - Impact: You must complete and transmit MDS assessments according to current regulations.

Currently, it is expected that HHS will renew its declaration of public health emergency through the end of 2021 and will provide 60 days' notice prior to ending it. As long as the PHE is in place, CMS may retain its 1135 waivers. However, CMS could decide to phase out other waivers prior to the end of the PHE if it determines they are no longer needed. CMS will continue to monitor the emergency blanket waivers and may provide future updates. You can access more information regarding these changes and current waivers that remain in place [here](#).

MeCDC Releases Infection Control Self-Assessment

MeCDC healthcare epidemiology has created a COVID-19 Infection Prevention and Control Key Risk Areas Self-Assessment that we encourage facilities to use as “check-in” on their current COVID-19 readiness/preparedness. This is a good opportunity to take time to identify any gaps/opportunities for improvement in the event of another spike in cases. Additionally the tool offers a section for action planning and tracking. There is no requirement to return the tool as it is intended to be for a facilities internal purposes. If you have any questions, please feel free to reach out to MECDC.HAI@maine.gov. This document is accessible on the [MHCA COVID Webpage](#).

Important Quality Incentive Program FAQs

AHCA is flagging two U.S. Department of Health and Human Services (HHS) [FAQs](#) relating to the Quality Incentive Program (QIP). Be sure to also check out the AHCA/NCAL [provider relief fund and QIP website](#) that has helpful information and resources.

Will HHS allow providers to make corrections to the data used to determine Targeted Distribution eligibility and payment amounts? (Added 10/28/2020) Going forward, HHS will allow providers that submitted data as part of the COVID-19 High Impact Area Distribution and/or the Nursing Home Infection Control/Quality Incentive Payment Distribution, a limited opportunity to submit corrected data for up to 5 business days after the submission deadline. HHS will only accept corrections within the 5-day time period that are accompanied by a justification for why the provider erred in the initial data submission. HHS will review each request for correction on a case-by-case basis and may determine that a previous payment be amended to align with the updated data. Providers who submit updated data may have their payments delayed for up to 90 days from the date of submission pending review and adjudication. All HHS decisions are final and there is no appeals process.

How is the infection gateway calculated for determining eligibility for Quality Incentive Program payments under the Nursing Home Infection Control Distribution? (Added 12/28/2020) The infection gateway criterion specifically excludes facilities that are found to have an infection rate exceeding the estimated infection rate in their county during the performance period. County infection rates are measured using daily COVID-19 community profile reports

(CPRs) disseminated under the HHS Protect data program. CPRs contain information on the rate of COVID-19 infections for all residents in each county. County infection rates are not the same as county positivity rates.

There's Still Time to Register for Safe Reunions 2.0: Visitation Webinar for LTC Families and Residents

MHCA reminds you to remind families of the upcoming webinar this week:

Safe Reunions 2.0: New guidance on visitation for families with loved ones in long-term care facilities will take place this Thursday, April 15th, 2021 from 3 pm to 4:30 pm EST via Zoom.

Hosted by The Maine Long-Term Care Ombudsman Program • Leading Age Maine and New Hampshire • Maine Health Care Association

Featuring: Dr. Stephen Sears, Epidemiologist & MeCDC Clinical Advisor–COVID-19 Response Team and William Montejo, Director, Division of Licensing and Certification, Department of Health and Human Services

[Register here for Safe Reunions 2.0](#)

Sincerely,

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