



[Visit our COVID-19 Page Here](#)

Dear Member:

State of Maine announces partnership with IDEXX to expand COVID-19 testing

Governor Janet Mills announced today that her Administration has secured a major expansion of COVID-19 testing for the State of Maine. The Administration has partnered with Maine-based IDEXX Laboratories, Inc. to purchase enough of the company's recently FDA authorized COVID-19 testing kits to more than triple the State's testing capacity. The breakthrough will soon allow anyone in Maine suspected of having COVID-19 to receive a test. The Mills Administration is purchasing enough of these test kits to run at least 5,000 tests per week for the foreseeable future. Taken in combination with Maine CDC's current capacity of 2,000 tests per week, the partnership with IDEXX more than triples the State of Maine's testing capacity.

This significant expansion of testing will ultimately allow Maine CDC to eliminate its testing prioritization system, which most states have had to implement as a result of the limited national supply of testing materials. After testing with the new instrument and materials is operational, which is expected as early as the end of next week, health care providers in Maine will be able to seek testing for anyone they suspect of having COVID-19. This includes people with symptoms, as well as those who have had significant, close contact with a person with COVID-19, such as a spouse.

The breakthrough will also allow the State to **more fully implement universal testing in congregate care settings, such as nursing facilities** and shelters, and enable the State to work with providers to conduct voluntary sentinel testing, or "spot checks", on patients in different parts of the health care system. The tests will be run at Maine CDC's Health and Environmental Testing Laboratory (HETL) in Augusta. Maine CDC is hiring additional staff at HETL to support the expansion.

MHCA synthesizes recommendations for Assisted Living

New federal and state emergency regulations for nursing homes have commanded significant time and attention recently at MHCA. We also understand that the guidance from the CDC, CMS and all the other healthcare networks has been cumbersome for our assisted living members to navigate as well. To ensure our assisted living members have the necessary information and tools, we have put together some highlights of existing guidance for our AL and residential care members as a reminder to help synthesize this information.

Per Maine Division of Licensing guidance dated March 14, 2020 there are many variations of Assisted Housing and Residential Care facilities across the United States, the Federal

CDC simply refers to Assisted Housing and residential care providers as “other Long Term Care Settings.” When our assisted living and residential care facilities work to implement current guidance please refer to the CDC resource page dedicated to Assisted Living homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>. While much of the following is common practice, members may want to review the areas in bold.

CDC identified the following steps for assisted living and residential care settings to be able to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). **When assessing your facilities state regulatory compliance please keep in mind the division of licensing will be looking for your action to the following CDC recommendations (all recommendations below can be found on the [CDC Assisted Living Page](#)):**

- Ask residents to not allow outside visitors until further notice. Visitor restrictions are to protect them and others in the facility who might have conditions making them more vulnerable to COVID-19. Facilitate alternative methods of communication (e.g., video conferencing).
- Create or review an inventory of all volunteers and personnel who provide care in the facility. Use that inventory to determine which personnel are non-essential and whose services can be delayed. This inventory can also be used to notify personnel if COVID-19 is identified in the facility.
- Restrict all volunteers and non-essential personnel including consultant services (e.g., barber, nail care).
- Post signage at all entrances and leave notices for contract service providers at all residences that discourage visitors. Signs should remind visitors and personnel to not to enter the building if they have fever or symptoms of COVID-19.
- Consider designating one central point of entry to the facility and establishing visitation hours if visitation must occur.
- **As part of source control efforts, personnel should wear a facemask (or cloth face covering if facemask not available) at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for healthcare personnel as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are shortages of facemasks, facemasks should be prioritized for healthcare personnel and then for residents with symptoms of COVID-19 (as supply allows). Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.**
- All personnel should be reminded to practice social distancing (e.g., remain at least 6 feet apart while in break rooms and common areas, cancel non-essential meetings).
- **Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms of COVID-19 before starting each shift/when they enter the building. Send visitors and personnel home if they are ill or have a fever of 100.0°F or greater. Ill personnel should be prioritized for testing.**
- Implement sick leave policies that are flexible and non-punitive.
- **Personnel who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID-19 cases.**
- **Ask residents not to leave the facility except for medically necessary purposes. Cancel all group field trips.**
- **Ensure residents who must leave the facility (e.g., residents receiving hemodialysis) wear their cloth face covering whenever leaving the facility.**

Maximus Assessment Call scheduled for next week

The next Maine ASA Stakeholder Forum Call is scheduled for next Friday, May 15th, from 10:00 AM to 11:00 AM. Join the Program Team for informative COVID-19 updates for Nursing Facilities and Hospital providers.

Topics to be covered include:

- 1135 Waiver support related to PASRR assessments
- Nursing Facility emergency classification process

- Extension of virtual PASRR and Long-Term Care assessment

Join Zoom meeting:

<https://maximus.zoom.us/j/95398988172>

Meeting ID: 953 9898 8172

Join by phone:

877.853.5257 US Toll-free

888.475.4499 US Toll-free

Request an invitation:

If you or others on your team would like to be included in the Outlook invitation for this informative session, contact the ME ASA Help Desk directly at:

Ask-MaineASA@maximus.com.

NHSN COVID-19 Resources

Over the next few weeks, NHSN LTCF staff will conduct various virtual trainings and office hour sessions to assist LTCFs with enrollment and data submission to comply with recent CMS requirements. Please see the training schedule for [upcoming trainings](#). The COVID-19 Module for LTCFs consists of four pathways within NHSN's Long-term Care Facility Component:

- Resident Impact and Facility Capacity
- Staff and Personnel Impact
- Supplies and Personal Protective Equipment
- Ventilator Capacity and Supplies

The next scheduled Q&A session is scheduled for May 12, 2020 at 1:00 PM ET. Space is limited. Register in advance for this meeting:

<https://cdc.zoomgov.com/meeting/register/vJlftu-pqTkvH2MsV2ABgrYt5vZXOtUN8Ycexternal icon>.

After registering, you will receive a confirmation email containing information about joining the meeting. There has been some confusion as to whether retrospective reporting in [NHSN COVID-19 module](#) is required or not. AHCA has confirmed with CDC that it is optional to submit data back to January 1, 2020. CDC also stated that retrospective reporting was optional at the end of its pre-recorded NHSN training webinar yesterday (Tuesday, May 5). CDC is working on revisions to the NHSN guide and instructions to make this clearer. We are also expecting CMS to issue a memo this week that will answer several questions that have been raised about this requirement as well as the new resident, representative, family notification requirement.

LTC in the News, part 2

As the COVID-19 pandemic continues in Maine, the impact on long term care facilities is a topic of interest in the media. Here are today's links to a sampling of media coverage for your information. MHCA continues to work with the media, striving to achieve balanced and fair reporting on behalf of long term care.

<https://www.wmtw.com/article/maine-nursing-homes-account-for-20-of-covid-19-cases-in-the-state>

<https://www.penbaypilot.com/article/city-belfast-officials-deliver-donations-tall-pines-and-harbor-hill-amid-pandemic>

<https://bangordailynews.com/2020/05/05/news/state/many-nursing-homes-still-havent-tested-any-residents-or-staff-for-the-coronavirus/>

<https://www.mainepublic.org/post/maine-cdc-grappling-how-best-help-maines-nursing-homes-get-through-pandemic>

Thank you for all you do to care for your residents and staff.

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