Visit our COVID-19 Page Here

Dear Member:

MHCA urges Mills Administration to Dedicate CARES Act Funding to LTC
MHCA issued a press release yesterday urging the Mills Administration to make Maine's long term care facilities a priority for CARES Act funding, asking the state to earmark $79 million in combined state and federal aid to enable them to keep pace with COVID-19 expenses through the end of this year. In a letter to Governor Mills, MHCA noted these providers are at the epicenter of the COVID-19 pandemic and called on state government to continue supporting them in the fight against this unprecedented public health threat.

President and CEO Rick Erb noted, "We know we will be dealing with COVID-19 for the foreseeable future. As additional steps are taken to reopen Maine's economy, the risk for outbreaks increases as our employees and their loved ones are generally more exposed in their communities. This is a marathon, not a sprint, and we need our state partners to get to the finish line."

Read the entire release **here**. Channel 8 also interviewed MHCA on the issue: **maine-health-care-association-asks-mills-administration-for-more-money-to-help-nursing-homes**

Trump Administration Announces New Resources to Protect Nursing Home Residents Against COVID-19
The Trump Administration today announced several new Centers for Medicare & Medicaid Services (CMS) initiatives designed to protect nursing home residents from coronavirus disease 2019 (COVID-19).

New Funding
The U.S. Department of Health and Human Services (HHS) will devote $5 billion of the Provider Relief Fund authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act to Medicare-certified long term care facilities and state veterans' homes ("nursing homes"), to build nursing home skills and enhance nursing homes' response to COVID-19, including enhanced infection control. This funding could be used to address critical needs in nursing homes including hiring additional staff, implementing infection control "mentorship" programs with subject matter experts, increasing testing, and providing additional services, such as technology so residents can connect with their families if they are not able to visit. Nursing homes must participate in the Nursing Home COVID-19 Training (described below) to be qualified to receive this funding. This new funding is in addition to the $4.9 billion previously announced to offset revenue losses and assist nursing homes with additional costs related to responding to the COVID-19 public health emergency (PHE) and the shipments of personal protective equipment (PPE) provided to nursing homes by the Federal Emergency Management Agency (FEMA).

Enhanced Testing
Building on the initiative HHS announced last week, in which rapid point-of-care diagnostic testing devices will be distributed to nursing homes, and the new funding from the Provider

Relief Fund, CMS will begin requiring, rather than recommending, that all nursing homes in states with a 5% positivity rate or greater test all nursing home staff each week. This new staff testing requirement will enhance efforts to keep the virus from entering and spreading through nursing homes by identifying asymptomatic carriers.
More than 15,000 testing devices will be deployed over the next few months to help support this mandate, with over 600 devices shipping this week. Funds from the Provider Relief Fund can also be used to pay for additional testing of visitors.

Additional Technical Assistance & Support
The Trump administration recently deployed federal Task Force Strike Teams to provide onsite technical assistance and education to nursing homes experiencing outbreaks in an effort to help reduce transmission and the risk of COVID-19 spread among residents. The first deployments took place in 18 nursing homes in Illinois, Florida, Louisiana, Ohio, Pennsylvania and Texas between July 18 and July 20. The Task Force Strike Teams are composed of clinicians and public health service officials from CMS, the Centers for Disease Control & Prevention (CDC), and the Office of the Assistant Secretary for Health (OASH).

The Task Force Strike Teams went into nursing homes based on data they reported to the CDC that indicated an increase in COVID-19 cases. The teams focused on the four key areas of support, including keeping COVID-19 out of facilities, detecting COVID-19 cases quickly, preventing virus transmission, and managing staff. The goal was to determine what immediate actions nursing homes needed to take to help reduce the spread and risk of COVID-19 among residents, and to better understand what federal, state, and local resources nursing homes need to ensure the health and safety of their residents. CMS and its partners plan to use what is learned on the ground to determine remote education and other critical needs to support nursing homes and mitigate future outbreaks.
In addition, CMS, in partnership with the CDC, is rolling out an online, self-paced, on-demand Nursing Home COVID-19 Training focused on infection control and best practices. The training being offered has 23 educational modules and a scenario-based learning modules that include materials on cohorting strategies and using telehealth in nursing homes to assist facilities as they continue to work to mitigate the virus spread in their facilities. This program supplements training already underway to better equip nursing homes to contain and stop the spread of COVID-19. The training is a requirement for nursing homes to receive the additional funding from the Provider Relief Fund Program.

The training will be available to all 15,400 nursing homes nationwide along with specialized technical assistance to nursing homes who have been found to have infection prevention deficiencies in their most recent CMS inspection and had recent COVID-19 cases based upon their data submissions to CDC. A certificate of completion is offered and recognition badges can be downloaded for nursing homes to display on their website.

Weekly Data on High Risk Nursing Homes
Early on during this pandemic, CMS required nursing homes to inform residents, their families and representatives of COVID-19 cases in their nursing homes. Starting in May, CMS and CDC began collecting weekly data on each nursing home including their number of COVID-19 cases. Now that this data collection process has matured, the White House and CMS will release a list of nursing homes with an increase in cases that will be sent to states each week as part of the weekly Governor's report to ensure states have the information needed to target their support to the highest risk nursing homes.

Updates from Weekly CDC call with Rita Owsiak
While some laboratory procedures/tests require informed consent (e.g. blood transfusion, HIV testing, clinical trials, some genetic testing), most laboratory tests, including current COVID-19 related tests, only need voluntary or verbal consent. A facility may choice to document this consent, however, it is not required. The Maine CDC 06/08/2020 Standing Order does include a section that outlines the information to be provided to the individual prior to testing but does not require a documented informed consent.

Facilities will need CLIA waivers for the new COVID-19 testing equipment being distributed by the federal government. MHCA would suggest you review your CLIA waiver to ensure you have everything in order prior to delivery. If you have any issues related to name, affiliation or other issues you can email cliacovidinquiries@cms.hhs.gov to get guidance

on these discrepancies.

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings

As a reminder, Friday July 17, 2020 CDC updated recommendations on transmission based precautions. MHCA has included this in previous updates however it was discussed during the CDC call yesterday.

Of note, except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions. For patients with severe to critical illness (Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions) or who are severely immunocompromised, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised patients, 20 days after their initial positive SARS-CoV-2 diagnostic test).

Other symptom-based criteria were modified as follows:

- Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications.
- Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19

Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.

For HCP with severe to critical illness or who are severely immunocompromised1, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised1 HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).

Other symptom-based criteria were modified as follows:

- Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications
- Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.

Please reference the definitions of mild, moderate and severe illness provided by the CDC below:

- **Mild Illness**: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- **Moderate Illness**: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) ≥94% on room air at sea level.
- **Severe Illness**: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.
- **Critical Illness**: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

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

Nadine L. Grosso

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