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Dear Member:

#### Reminder: Phase II of Governor Mills' Economic Recovery Grant Program Includes Assisted Living

On September 21st, Governor Mills announced the second phase of Maine's Economic Recovery Grant Program that expanded access to the program by increasing the number of eligible organizations. Under Phase 2, businesses and non-profits that employ up to 250 people are eligible for grant awards, **INCLUDING assisted living facilities**. Unfortunately, nursing homes are not eligible.

Grants awarded through the Maine Economic Recovery Grant Program may be used to cover expenses including: payroll costs and expenses; rent or mortgage payments for business facilities; utilities payments; necessary operating expenses; expenses incurred to replenish inventory or other necessary re-opening expenses; purchase of personal protective equipment required by the business or business related equipment. Funds must be spent on operations that are strictly within Maine.

Today, the Governor announced the first round of 2,329 awards, which include 2,072 grants to small businesses and 257 to non-profits, totaling \$105 million dollars and averaging just over \$45,000 per award with recipients spanning the entire state. The hospitality sector, particularly lodging and accommodations, represent the largest percentage of recipients, drawing 35 percent of the awards.

The application portal for Phase Two of the Economic Recovery Grant Program remains open until October 29, 2020. For more information or to apply, visit <https://www.maine.gov/decd/economic-recovery-grants>.

#### DLC Clarifies Testing of EMS Personnel When Interacting in Nursing Homes

Since CMS released [QSO-20-38-NH](#) there have been several questions regarding the CMS regulatory requirements (CMS expectations) of nursing homes in regard to EMS agencies and EMS staff within nursing homes. Bill Montejo, Director, DLC, recently shared the following with facilities:

The revised CMS regulations require the testing of facility staff and CMS defined facility staff as: "employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility." While this is a broad definition and could be interpreted to incorporate everyone from volunteers to the contracted accountant, it is imperative that we not take the language in the memo out of context and focus on the intent of the regulation. CMS did provide additional clarification on page 3 of the memo by stating, "For the purpose of testing "individuals providing services under arrangement and volunteers," facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff."

Thus, the question of "Are nursing facilities required to test or obtain testing results from EMS agencies to be in compliance with this new regulation?" will vary on the type of EMS response and the existence of contracts or arrangements with the EMS agency in question.

- **911 response:** If the EMS agency is responding into the nursing facility to handle a medical emergency (in response to a 911 call), there is no requirement to test or obtain testing information from the EMS agency on these responders. In keeping with CMS clarification, nursing facilities should prioritize testing to non-facility staff who are in the facility on a frequent basis and not the occasional emergency responder. Additionally, EMS responders should be using appropriate source control PPE (masks, gloves as applicable), and because they are responding to your facility to help with an emergency situation, they should not be slowed down by conducting a temperature check or complying with a screening process. If EMS providers entering a facility during an emergency are not wearing appropriate source control PPE (masks, gloves, face shields as applicable), ask them to don appropriate PPE, if they refuse to wear PPE when requested, a nursing facility should first contact the EMS service's leadership to discuss the issue. If the staff believe that the instance was particularly egregious or the concern is unaddressed, do not hesitate to file a complaint with Maine EMS by going to <https://www.maine.gov/ems/about/concern-complaint>.
- **EMS agency as a contractor** (Please note, this CMS memo does not require facilities to obtain contracts with providers if they do not already have current/valid contracts for non-emergency transport services): If there is an existing contract between a nursing facility and an EMS agency for non-emergency patient transfers, whether it is for ambulance transfers or wheel chair van transfers, then the EMS agency is a contractor and the testing requirement applies. CMS has stated that nursing facilities may utilize the Point of Care devices they have been provided for conducting these tests, or may simply obtain copies of contractor staff test results from the contracted EMS/wheel chair transport provider. Please note, the determining criteria for deciding which contracted agency/provider staff need to be tested includes:
  - The contracted staff are in the facility regularly (CMS indicates on page 3 of the memo this means at least weekly).
  - The contracted staff provide care or services to facility residents on behalf of the nursing facility, or under arrangement by the nursing facility.
  - The contracted staff have contact with a resident(s) or staff.
- **Non-contracted EMS agencies in nursing facilities:** For EMS providers who do not have

a contract with a nursing facility, or any other transport agency that does not have a contract with a facility, further clarification from CMS has been requested regarding the applicability of this requirement. It is recognized that while the same EMS or non-emergency transport company may be in a nursing facility several times in a week, it is often not the same staff or transport vehicle and as such the requirement to test all staff in these various companies may be logistically impracticable and severely tax existing testing capabilities to cause undo delays. Again, in keeping with the guidance on page 3 of the CMS memo to prioritize, DLC would recommend nursing facilities continue to screen all non-emergency EMS providers and non-emergency transport agency staff who entering the facility or providing non-emergency transport services for nursing facility residents on a scheduled basis.

As always, members may reach out to [mailto: DLRS.info@maine.gov](mailto:DLRS.info@maine.gov) if there are questions regarding this guidance.

### **Join the New Health Care Career Portal to be Connected with Potential Employees**

DHHS recently launched a new health care career portal in partnership with Advancing States called <https://www.connecttocarejobs.com/#>. This portal provides individuals looking for jobs with an easy way to connect with potential employers. The tool uses a matching algorithm to pair licensed and/or trained workers with health care and LTSS employers that need their specific skills.

There is no cost to the job seeker or the facility to use the service. In Maine, the service is available first to nursing facilities; other providers will soon be added in the future. Only licensed facilities can access this resource. Learn more at: [https://youtu.be/7Pu\\_9Q99QDQ](https://youtu.be/7Pu_9Q99QDQ).

For questions about how this is rolling out in Maine, reach out directly to Joy Gould, Manager of Healthcare Workforce Development, DHHS at [joy.k.gould@maine.gov](mailto:joy.k.gould@maine.gov). For other help, contact [help@connecttocarejobs.com](mailto:help@connecttocarejobs.com).

### **CDC Releases New NHSN Pathway for POC Testing**

As previously reported, the Centers for Disease Control (CDC) is releasing a new pathway through their National Healthcare Safety Network (NHSN) LTCF COVID-19 Module that will allow providers to report the results of their Point of Care (POC) COVID-19 testing. Providers who are performing POC COVID-19 testing under their CLIA waiver are **required** to report the results to their local or state health department. This new pathway gives providers an alternative option to meet this requirement.

The CDC is hosting two identical training webinars on October 22 and 23 to introduce this new module. Both sessions will feature a live Q&A. A recording of the original webinar will also be posted for online viewing.

Registration details are below:

Webinar #1: Reporting Results of Point of Care Testing for COVID-19: A New NHSN Pathway

- Date: October 22, 2020
- Time: 11:00 AM – 12:00 PM ET
- [Registration link](#)

Webinar #2: Reporting Results of Point of Care Testing for COVID-19: A New NHSN Pathway

- Date: October 23, 2020
- Time: 2:00 – 3:00 PM ET
- [Registration link](#)

\*Note this will be a re-broadcast of webinar #1 with a live Q&A

Important note: Reporting through this module requires updating your Secure Access Management Services (SAMS) access to Level-3. Instructions on updating your access are available [here](#).

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

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