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**Dear Member:**

**Record Retention: COVID Staff/Visitor Screening**

MHCA has received several questions regarding the retention policies of staff screening documentation. We reached out to the Maine DLC and were advised that facilities should address this via their own record retention policy, with a recommendation that the minimum be to the date of the previous recertification or CMS Covid Focused Infection Control survey. In addition, we suggest that facilities modify your records policy to address the specific retention of staff screening.

**Updated Reporting Requirements to the Provider Relief Fund**

The U.S. Department of Health and Human Services (HHS) recently announced changes to the reporting requirements and expanded the types of providers who could apply for Provider Relief Funds.

Key Takeaways:

- HHS is returning to its previous definition of lost revenue, a decrease from 2019 revenue, rather than using the September 19 version which would have capped funds to a facility's 2019 net revenue.
- HHS has created new flexibility around reporting at the parent and subsidiary level.
- HHS now is allowing private pay ALs to apply for Phase 3 awards.

From the HHS press release:

"In response to concerns raised, HHS is amending the reporting instructions to increase flexibility around how providers can apply PRF money toward lost revenues attributable to coronavirus. After reimbursing healthcare related expenses attributable to coronavirus that were unreimbursed by other sources, providers may use remaining PRF funds to cover any lost revenue, measured as a negative change in year-over-year actual revenue from patient care related sources."

**Private pay Assisted Living take note:** All Phase 3 applicants will have until 11:59PM EST on **November 6, 2020** to submit their applications for payment consideration.

Learn more:

- Read the [HHS Press Release](#)
- Download the [policy memorandum](#) on the reporting requirement decision
- Download the [amended reporting requirements guidance](#)
- For updates and to learn more about the Provider Relief Program, visit: [hhs.gov/providerrelief](https://hhs.gov/providerrelief).

**Maine CDC, OADS and DLC Long Term Care COVID 19 Bi-Weekly Meetings**

Please join State of Maine officials every other Wednesday starting tomorrow, October 28, 2020 at 1 PM, for informational meetings on COVID-19. MHCA encourages members to submit questions ahead of time using the following link: <https://www.surveymonkey.com/r/7LQPC9Z>. If you have the question, chances are that others do too!

Join Zoom Meeting:

<https://mainestate.zoom.us/j/8632543850?pwd=ZEErTktMSkZpNGc5SG56SjFmSUUpWUT09>

Meeting ID: 863 254 3850, Passcode: .uA\$8&Gv

One tap mobile

+13126266799,8632543850# US (Chicago)

+16468769923,8632543850# US (New York)

Find your local number: <https://mainestate.zoom.us/u/kdYSKZCB2X>

**Opportunity: AHRQ ECHO Nursing Home COVID-19 Action Network for Maine, New Hampshire, and Vermont**

The Project ECHO Hubs at Dartmouth-Hitchcock, University of New Hampshire/ NH Citizens

Health Initiative, and JSI Research & Training are partnering to bring the AHRQ ECHO Nursing Home COVID-19 Action Network to our region. This learning collaborative is focused on supporting nursing homes during COVID-19, using the evidence-based [Project ECHO® \(Extension for Community Healthcare Outcomes\) Model](#), an online learning platform that connects groups of community nursing homes with specialists and experienced peers in regular, real-time, collaborative sessions that include case-based discussions and peer mentoring.

This learning model has been used across the world and has measurably improved outcomes across a wide range of health related topics. Quality Improvement training from the Institute for Healthcare Improvement is built into the 16 weekly sessions and will position nursing homes to qualify for CMS performance incentives. **The series is free to nursing homes, which can also receive a stipend of up to \$6000 per facility for participation, based on attendance.** Launching in early November, the Action Network **only has room for 100** and is filling up rapidly. A link to the pre-registration form to express interest is [here](#).

#### **ICYMI: Guidance on Testing Emergency Medical Services (EMS)**

MHCA continues to assist members with the tough question of how nursing facilities and assisted housing providers navigate the requirements to test or obtain testing results from EMS agencies to be in compliance with this new regulation. According to DLC recent clarification on this issue:

**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.

Please continue to monitor the CDC and CMS for changes in guidance and once additional guidance is received from CMS it will be shared with facilities. Feel free to contact DLC at: [DLRS.info@maine.gov](mailto:DLRS.info@maine.gov) if there are questions regarding this guidance.

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

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