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Dear Member:

Summary of Today's All Provider CDC Call with Focus on new Assisted Housing Guidance

- 2819 current COVID+ cases of which 320 probable
- 718 COVID+ Healthcare Workers
- 101 total deaths
- 30 individuals are hospitalized-10 ICU, 20 Non ICU
- 6 individuals remain on ventilators
- Recent outbreaks are in small group homes with a few that are business related

Outdoor Visitation:

Bill Montejo, from the Division of Licensing addressed questions regarding the Outdoor Visitation Guidance released last week stating that this was created through a joint effort from OADS, CDC, and DLC. Recommendations were created to ensure that facilities continue source control and protect facility residents as weather begins to allow for outdoor visitation. Facilities should still be following CDC guidelines including social distancing, face covering and in the event a resident cannot wear a face covering visitors should be required to follow social distancing and use of face coverings.

Regarding outdoor visits from individuals outside the state: The DLC opinion is that facilities should follow the state plan regarding visitors from states with lower community spread. For instance a visitor from Vermont may be allowed were a visitor from New York or Florida may not. Facilities should be assessing each visit as it is scheduled. Although these are outdoor visits we are still following social distancing and face coverings. Suggestions include scheduling visits up front, and providing supervision if need be.

For some facilities using/considering plexiglass barriers: If you use a plexiglass enclosure can the resident be unmasked? DLC interpretation is yes, they can be unmasked. DLC is treating this as the same as a closed window visit. Visitors should still be masked to respect social distancing and face coverings. The plexiglass barrier would protect the resident from droplet spread of the virus.

Food/Packages:

Packages and food from visitors: According to CDC: Based on updated research on how the virus is spread the CDC is able to relax some of the rules that were in place earlier in this pandemic. Fast Food and packages coming in no longer need to be quarantined or wiped down.

Food and Supplies: If families bring in food and packages during an outdoor visit this does not need to be quarantined; however, food should not be eaten during the outdoor visits because then you will be unable to wear masks as is identified in the guidance. If you use a plexiglass barrier the resident would be able to unmask and eat but families would still need to be masked if there are more than one person visiting.

Universal Testing:

Universal Testing: This has not been initiated and before the universal testing in congregate sites is initiated DHHS OADS is looking to learn from the pilot sites in LTC settings. See also the New England Journal of Medicine for [swab/video](#).

Maine DHHS awards CARES Act funding to support essential workers and child care providers

DHHS announced yesterday that 525 essential workers have received financial help for child care and more than 1,600 child care providers have received stipends as part of the award of nearly \$11 million in federal CARES Act funding to Maine. Additional grants will be awarded to child care providers through mid-July.

Maine DHHS announced the award of the federal funds on April 22 and has since distributed over \$6 million, with the remainder to be distributed by mid-July under a [plan](#) that supports Maine families and child care providers in the face of the COVID-19 pandemic.

As of today, over 75 percent of Maine's approximately 1,800 licensed child care providers are open, up from about 50 percent in April. Recognizing the ongoing needs of the public while prioritizing children's safety, Maine DHHS has permitted child care providers to remain open throughout the State of Civil Emergency to serve Maine families, including parents who are essential to Maine's response to the pandemic. The DHHS Office of Child and Family Services has distributed updated [guidance](#) to promote the health and safety of children, families, child care providers, and their communities. The Office has also worked with child care partners to [match](#) working parents with providers who remain open.

Maine received \$10,953,470 for child care under the CARES Act in late April, through the U.S. Department of Health and Human Services Administration for Children and Families' Child Care and Development Block Grant (CCDBG) program. The CCDBG program helps eligible low-income and working families to afford child care and supports providers in delivering high-quality care. DHHS has distributed these funds through child care subsidies for essential workers and stipends to child care providers. DHHS is now preparing to distribute the remaining CARES Act funds to support child care providers in resuming or continuing operations through a grant application process. For more information, visit the Child Care Subsidy section of the Office of Child and Family Services COVID-19 response [page](#).

NHSN Reporting Citations and CMPs Rescinded

Based on the internal review of NHSN data submissions, CMS has begun issuing notices in CASPER rescinding the F884 citation and Civil Monetary Penalty (CMP) they were issued for not reporting complete data in the format and frequency specified by CMS and CDC. The letter indicates that CMS is deleting the F884 deficiency and rescinding the CMP imposed for the June 1-June 7, 2020 reporting week. These rescind letters may be sent through mail and/or through CASPER as with the F884 citations and enforcement letters and may be accompanied by an email notification to facility staff that have an MDS account in CASPER. If you believe you successfully submitted NHSN data and received a citation and CMP in error, please check your CASPER folder for one of these rescind letters. For facilities that have not received a rescind letter from CMS, but still believe the F884 citation was issued in error or inappropriately, at this time you must still submit an independent information dispute resolution (IIDR) request, as indicated in the enforcement letter. You must submit that request within 10 calendar days of receipt of the enforcement letter, which is being provided through CASPER. Be sure to include supporting documentation of your data submissions and/or documentation of your efforts to resolve any technical issues with NHSN registration or data submissions in advance of the reporting deadlines. To assist in this process, AHCA has shared this [sample IIDR request](#). This is only a sample and you must tailor it to your situation. Please review the instructions in the document before completing it and consult with your counsel in this process as appropriate.

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

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