



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

Dear Member:

Trump Administration Announces Initiative for More and Faster COVID-19 Testing in Nursing Homes

Yesterday, the U.S. Department of Health and Human Services (HHS) announced a large-scale procurement of U.S. Food and Drug Administration (FDA) -authorized rapid point-of-care diagnostic test instruments and tests to be distributed to nursing homes in COVID-19 hotspot geographic areas with the United States. This initiative is a one-time procurement of devices and tests targeted to facilitate on-site testing among nursing home residents and staff. The FDA authorized the use of two antigen detection tests: the BD Veritor system and the Quidel Sofia and Sofia 2 systems, which together, provide this new capacity to provide rapid results.

Distribution will begin next week with nursing homes prioritized by Centers for Medicare & Medicaid Services (CMS) in their continuing effort to protect older adults. Each nursing home will receive one diagnostic test instrument and associated tests. Following initial distribution, nursing homes can procure additional tests directly from the respective manufacturers. Nursing homes must have the capability to screen and test residents, and test staff on a weekly basis or according to specific guidance by the state and local health departments. This procurement will also eventually enable testing of visitors when states determine it is appropriate.

HHS notes that these tests may be slightly more likely to have a false negative result than molecular PCR COVID tests. See [FDA](#) for more details. These assays are approved for detection of the nucleocapsid protein antigen from SARS-CoV-2 in nasal (both devices) and nasopharyngeal (Sofia SARS Antigen FIA only) swab specimens, and authorized for use by laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, which meet the requirements to perform waived, moderate, or high complexity tests. These tests are authorized for use at the point of care, e.g., in patient care settings such as nursing homes operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

What to do When our Residents Leave the Building: An Updated FAQ on Resident Comings and Goings

A lot has changed since March! It feels like forever ago. As Maine continues to reopen and the phased approach allows for greater flexibility of movement within our towns and counties, MHCA would like to provide a brief update on the state of the state as it relates to resident movement in and out of the building.

As a reminder, Maine nursing homes and assisted housing communities are STILL considered to be in 'phase 1' of reopening. There have been NO changes to the definition of who is essential personnel in our buildings or the ability to allow visitors inside our doors. There are several allowances and creative solutions during this time; however, which we will highlight below:

Essential visits (e.g., Doctor's visits):

Residents need to practice source control while out but are not required to quarantine

when they return. For example, a resident who attends routine dialysis should be wearing a mask when outside the building at their appointment and social distancing as much as possible. This individual would not be required to quarantine upon return. Facilities SHOULD continue to closely monitor for symptoms and encourage the use of face coverings by all residents any time they are in common areas.

Admission/Readmission:

If COVID-19 status is unknown: Facilities should quarantine new admissions for 14 days and staff should wear full PPE when interacting with the resident. Some facilities may choose to perform a COVID test upon admission to determine COVID status. A facility should have a plan/process to determine COVID-19 status. Recommendations include that a facility should review community prevalence of COVID-19 and any other potential risk factors (*any known exposures, are they coming from an area of high prevalence or a facility with ongoing outbreaks, etc.*) when developing their plan for admission/readmission to facilities.

According to the CDC, if your facility is using a negative COVID test (*within 24 hours*) as the manner in which to determine COVID-19 status and the test is negative, then the resident would not be required to quarantine for 14 days and use full PPE. *Please Note*, that a negative COVID-19 test in asymptomatic individuals is not absolute and there is always the potential that the person could become positive while still within the incubation period (14 days). MHCA would like to remind facilities that you can still choose to quarantine individuals for the full 14 days as this will allow for monitoring during the incubation period for signs and symptoms. The practice of quarantining new admissions or readmissions during COVID-19 emergency is still best practice. Please reference the [AHCA SNF Transfer guidance](#) if needed.

Screening Reminder:

As CDC continues to learn more about COVID-19 their symptoms continue to be updated and changed. Depending on what webpage on the CDC site you are at you may find differing symptoms. Recently, AHCA brought the symptom discrepancies forward to the CDC team, but received the response that additional symptoms continue to be added as they continue to learn more about the virus and that with the presence of asymptomatic spread, the symptoms are difficult to pinpoint as they present differently in each person. The AHCA/NCAL screening checklist for visitors and staff was recently updated (June 23) with the additional symptoms that are identified on the webpages on the CDC website. AHCA/NCAL did keep the “or at least two of these symptoms” section, but it is important to know that if a person says that they have symptoms that it should prompt further investigation to see if they have an alternative diagnosis that could be causing the symptoms. The bullet point directly under the symptom checklist asks if the visitor/staff person said yes to any, ask if they have alternative diagnosis that may be causing the symptoms. If they have no alternative diagnosis that may be causing the symptoms then they should be restricted from the building. You can find the newly updated screening tool [here](#).

Definition Reminders

Outbreak: Recently the national CDC released updated guidance that indicated the definition of outbreak would be 1 or more positive COVID findings within a congregate care setting. This could be either resident or staff person. Maine CDC differs in their definition. The current Maine CDC outbreak definition remains at 3 positive cases. Maine CDC WILL initiate facility wide testing with 1 positive case; however, the status of ‘outbreak’ facility is reserved for those buildings with 3 or more positive cases between staff and/or residents.

Recent Infection Control Surveys show 90% Compliance

It was announced Wednesday July 15, 2020 during the call with Healthcare Acquired Infection coordinator Rita Owsiak that the Maine DHHS Division of Licensing has successfully completed 100% of the infection prevention specific surveys in Maine. MHCA had an opportunity to ask the rate of findings from these surveys and although official information will not be available until plans of correction are submitted and approved, representatives from DLC noted that roughly **90% of the facilities were deficiency free**. We are unable to compare this result to other states until information becomes publicly available; however, this result, by far, demonstrates the strong commitment and diligent work that all facilities have done during this national emergency. We would like to

congratulate you on your hard work and offer any assistance moving forward as the COVID situation continues.

As a reminder:

- Individual staff members should be screened prior to each shift upon arriving, this includes *temperature checks and screening questions asked of all staff individually*.
- Personal Protective Equipment should be used appropriately based on the resident precautions. This includes proper donning, doffing, fit testing prior to resident interaction. For facilities that do not have areas outside resident rooms for don/doff please remember that N95 respirators SHOULD NOT be removed prior to exiting the resident room if the resident is COVID-19 positive.
- Source control face coverings for residents should be worn as much as possible
- Surgical/procedure masks for staff should always be worn while in the building.
- During outdoor visitation the resident and the family member(s) should be wearing source control face coverings. These are essential for protection from exposure.

CMS Issues SNF QRP Notice of Non-Compliance Related to Annual Payment Update

CMS is providing notifications to facilities that were determined to be out of compliance with Quality Reporting Program (QRP) requirements for CY 2019, which will affect their FY 2021 Annual Payment Update (APU). Noncompliance will result in a two percent payment adjustment for SNF PPS payments for FY 2021.

Non-compliance notifications are being distributed by the Medicare Administrative Contractors (MACs) and were also placed into facilities' CASPER folders in QIES for SNFs on July 13, 2020. This notification is official notice of non-compliance. Facilities that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than **11:59 pm, August 18, 2020**. If you receive a notice of non-compliance and would like to request a reconsideration, see the instructions in your notice of non-compliance and [here](#).

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

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