NC Department of Health and Human Services

COVID-19 Updates to Nursing Homes: Testing, Reporting and Visitation

Office Hours, 10:00-11:00

October 1, 2020

Revised Office Hours Overview

- Goal is to establish resource for nursing homes to access nursing home-specific updates on DHHS COVID Activities.

- Today's Topics:
  - COVID-19 Testing: Nursing Home Reporting Portal: Tour of Financial Updates
  - Visitation
  - Antigen Testing Reporting

Updates and Reminders

Updates this Week

- Please see Q&A from last week. Have "re-copied" guidance on Community Activity Level in this Appendix.
- AHEC Long-Term Care Call Will be replaced by e-newsletter.
- NCHCFA holding a Testing and Visitation Webinar on October 7, 2020 from 10-12p. Visit: https://www.nchcfa.org/events/calendar/ to register.
- Secretarial Order No. 6 now posted here and attached.

Reminders this Week

Monday, 9/28/2020	Reporting Period 4 (under SO No. 4) Begins Testing weeks: 9/28/2020-10/4/2020 and 10/5/2020-10/11/2020
Thursday, 10/1/2020	Office Hours (10:00-11:00)
Monday, 10/5/2020	Due Date: Reporting Period 3 Testing Activity Testing weeks 9/14-9/20 & 9/21-9/27

COVID-19 Testing under Secretarial Orders 2 and 4: Financial Updates

- Please see Q&A from last week's Office Hours

- Applicable Checkwrites
  - **Cycle 37 Payment: 9/22/20**
  - **Cycle 41 Payment: 10/20/20**

- **Next Week:** Overview of Staff Roster Template
  - First communicated in trainings in August
  - "piloting" this week

Reporting Periods, Testing Weeks and Payment Schedule

Testing Reporting Under Secretarial Order No. 2 and Secretarial Order No. 4 Reporting Periods, Testing Weeks Covered and Payment Schedule		
Reporting Period	**Testing Weeks Covered (Mon-Sun)**	**Payment Schedule** [References NC TRACKS 2020 Checkwrite Schedule]
1. Due 9/8/20	8/17-8/23	
	8/24-8/30	Processed as part of Cycle 37
2. Due 9/21/20	8/31-9/6	
	9/7-9/13	
3. Due 10/5/2020	9/14-9/20	
	9/21-9/27	Reporting Period 2 and 3, processed as part of Cycle 41
4.	9/28-10/4	

Point of Care Testing: Special Bulletin 129 Excerpt

Payment Rates

Interim payments will be calculated based on a rate no greater than $125.00 per laboratory-processed test or the costs of related point of care (POC) testing supplies, as outlined below.

With the expanded availability of POC testing devices and associated antigen diagnostic tests, NC DHHS anticipates facilities may elect to utilize these devices as part of its testing strategy.

For tests performed with a POC testing device, NC DHHS will reimburse only for test and supply costs directly related to using the POC device. Tests received as part of a nursing home's initial test supply, provided through the federal distribution process, should not be included in costs to be reimbursed. However, subsequent provider costs directly related to use of the POC device will be reimbursable.

Costs Not Allowable through Payments Related to Secretarial Order No. 2

- Costs related to testing residents.

- Supplies/personal protective equipment (PPE) used when conducting testing activities.

- Staff/HCP wages/salaries

- Supplies/PPE used when caring for residents.

- Tests received as part of a nursing home's initial test supply, provided through the federal distribution process or any other source where there was not an expense to the nursing home.

- Tests compensated through other payment mechanisms including but not limited to an employee health plan, federal Provider Relief Funds or other third party payers.

Where to Get Training on POC Device Use?

- **Please see *Informal Resource Compendium to Support CLIA-Waived Point of Care Testing Device Use* attached.**

Portal Tour

Visitation Update

Visitation for Long-term Care Facilities

Secretarial Order #6

• The continued use of outdoor visits and technology to keep families connected as much as possible is still highly encouraged. However, given the role of families in overall health and wellbeing of residents, this Order outlines requirements for visitation, including indoor visitation

• This Order applies to the following long-term care facilities: nursing homes or skilled nursing facilities and other large residential settings (7 or more beds) including adult care homes, behavioral/IDD, intermediate care facilities, and psychiatric residential treatment facilities. (Facilities with 6 or fewer beds should refer to "Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities".

Requirements for Visitation

- Nursing homes must adhere to the CMS guidance issued September 17, 2020 in its State Survey Agency Directors memo Ref: QSO-20-39-NH or any subsequent guidance issued by CMS.
  - This guidance provides information about ways a nursing home can safely facilitate in-person visitation to address the psychosocial needs of residents.
- Nursing homes and other large residential long-term care facilities of 7 beds or greater must adhere to DHHS Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings or any subsequent guidance issued by DHHS.
- In the event of a conflict between the DHHS guidance and the CMS guidance, nursing homes must adhere to the CMS guidance.

Required Assistance

- Voting assistance
  - Residents have a right to vote and may need assistance with their absentee ballots. Upon request by a resident, facilities should allow members of a County Board of Elections Multi-partisan assistance team (MAT), a near relative or a verifiable legal guardian to visit the resident to assist in completing an absentee ballot. These individuals are considered visitors under the requirements for visitation outlined above.

- Federal Disability Rights laws and Protection and Advocacy Programs
  - Facilities must comply with federal disability rights laws and access by the federally mandated protection and advocacy systems.

- Long-term care Ombudsman
  - In-person access may not be limited without reasonable cause. If in-person access is not advisable, facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

Some General Requirements

- There has been no new onset COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
  - Note: Facility must test any staff or resident with signs or symptoms of COVID-19 and continue to retest all negative staff and residents following the CDC recommended testing schedule until testing identifies no new cases for a period of at least 14 days since the most recent positive result.

- Facility must conduct daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff.

- Residents who are showing signs of respiratory illness or on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.

Some Visitor Requirements

- Visitors must be screened for fever or and other symptoms associated with COVID-19 prior to resident being transported to the designated space.

- Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor's note/local health department release) that they no longer meet CDC criteria for transmission-based precautions.

More Visitor Requirements

- Any individuals with symptoms of COVID-19 infection must not be permitted to visit with a resident.

- Facility must inform visitors that if they develop signs and symptoms, such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new onset loss of smell or taste within 2 days of visiting a resident or have a diagnosis of COVID-19, the visitor must immediately notify the facility of the date they were visiting and the resident's name. Facilities must immediately screen the resident who had contact with the visitor and follow up with the facility's medical director or resident's care provider.

Additional Visitor Requirements

- Visitors must bring and wear a proper face covering or mask covering both the mouth and nose for the entire visit or wear a facility-provided surgical mask covering both the mouth and nose, if available.

- Visitors, residents and staff must use alcohol-based hand rub before and after visitation and limit surfaces touched.

- Visitors must limit interactions with others and remain at least 6 feet from other residents and staff at all times.

- Visitors who are unable to adhere to requirements above should not be permitted to visit or should be asked to leave.

POC Antigen Testing

Upcoming Memo:

Your facility has been identified as having received or is likely to receive a point-of-care antigen test device for detection of SARS-CoV-2, the virus that causes COVID-19. This message serves to remind you that providers are required by State Health Director Order to report all results, positive and negative, of diagnostic testing for SARS-CoV-2. This includes antigen test results.

Reporting Testing Results

For long-term care facilities who will not be reporting electronically, either via Electronic Lab Reporting (ELR) or in accordance with the laboratory data automation process outlined in the guidance for reporting results, please follow this reporting guidance:

- Long-term care facilities should complete the Excel spreadsheet located here (also attached). This spreadsheet MUST be submitted securely via email according to the following instructions:
  - Password protect the spreadsheet using the password provided by the Division of Public Health.
  - Please email LabTeam@dhhs.nc.gov to obtain your password. This same password will be used for each spreadsheet that is submitted.
  - Label the Subject line: "Confidential Test information".
  - Encrypt the email to which the spreadsheet is attached.
  - Please email your password protected Excel spreadsheet via encrypted email to LabTeam@dhhs.nc.gov .

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For Additional Information about Reporting Results

- The full guidance for reporting results is available on the healthcare guidance section of the NC DHHS COVID-19 website. Additional guidance regarding appropriate use of antigen testing is also available on our website. Providers needing consultation can call the NC Division of Public Health epidemiologist on call at 919-733-3419.

Review of Testing Excel Template

Next Session

- Staff Testing under Secretarial Order No. 4: Review of Staff Roster Template

- Additional Testing and Visitation Updates

Questions and Answers

Appendix

Accessing Your Facility's Community COVID-19 Activity Level

The Community COVID-19 Activity Level Testing Requirement was first communicated on pages 4 and 5 (and in Table 2) in CMS's QSO-20-38-NH memo, dated 8/26/2020.

Routine Testing of Staff
Routine testing should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates will be available on the following website by August 28, 2020 (see section titled, "COVID-19 Testing"): https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

4

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact with the local and state health departments.

The facility should begin testing all staff at the frequency prescribed in the Routine Testing table based on the county positivity rate reported in the past week. Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above.

Accessing Your Facility's Community COVID-19 Activity Level

QSO reference a link on page 4 where Community Activity Level is housed, on COVID-19 Nursing Home Data website, under COVID-19 Testing header

https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg
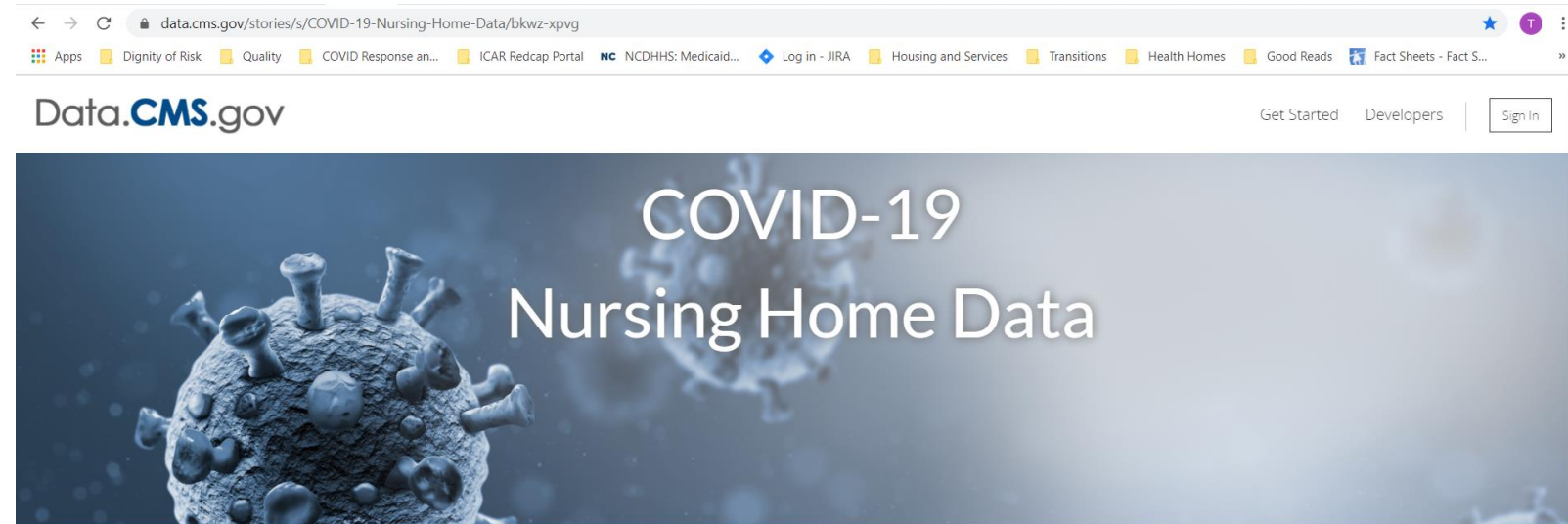
COVID-19 Testing

As part of CMS' commitment to protecting nursing home residents, and to boost the surveillance of COVID-19, nursing homes are now required to conduct testing of residents and staff. More information about these requirements and guidelines can be found here. These guidelines include testing staff on a certain frequency based on the COVID-19 positivity rate for the county the nursing home resides in. Rates of county positivity are posted here. (Archive is here.) Facilities should monitor these rates every other week and adjust staff testing accordingly.

Accessing Your Facility's Community COVID-19 Activity Level

Clicking the circled "here" will download the most current Community Activity Levels by County.

Accessing Your Facility's Community COVID-19 Activity Level

If you Sort by "State" for NC, you will see all NC's Counties.