QIPMO Administrator Support Group

Information Sharing Series
July 16, 2020
Meeting 16

Topics for Today

- Re-Opening
- Moving Between Phases
- Frequent Questions/Answers?
REMEMBER THE REOPENING IS VOLUNTARY

GUIDELINES


- ALL long-term care facilities: SNF, NF, ALF & RCF
PHASE I
CONSIDERATIONS

VISITATION

- Compassionate care situations include:
  - End-of-life situations
  - Recent NH admission for resident living with family prior. This change in environment and sudden lack of family may be traumatic experience. Allowing a family member to visit would be consistent with “compassionate care” situation.
  - Allowing someone to visit a resident whose friend, family member recently passed away
  - Proper infection control procedures must be followed including instruction on hand hygiene and limit surfaces touched
  - Wearing masks at all times

COVID-19
OUTDOOR VISIT GUIDANCE

Outdoor visitation considerations to include:
- Staff/resident cases: No positive cases, length of incubation period since last positive case, symptomatic vs asymptomatic strategies
- Allowing no more than 2 visitors at one time
- Following social distancing guidelines
- Hand hygiene before, after visit
- Wearing of cloth face covering or facemask. Possible partition or barrier if unable to follow
- Visitor screening
- Keeping log of visitors in the event of subsequent positive cases
- Sanitizing outdoor areas between each and every visit

Released June 15, 2020
Allowance for outdoor visits and visits through an open window for residents who are bedbound or who cannot otherwise leave their room
Each facility will make the final decision to allow visits

https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus
COMMUNAL DINING & GROUP ACTIVITIES

Released June 15, 2020

Communal dining and group activities limited for COVID negative or asymptomatic residents only

May consider COVID positive residents following symptomatic/asymptomatic strategies

• Residents may eat in same room with social distancing (limited number of people at tables and spaced by at least 6 feet)
• Hand hygiene
• Use of cloth face covering or facemask while not eating
• Restricting group activities in general but allowance for some activities with social distancing, hand hygiene and masking, as above

PHASE I

Everyone is here.
When DO YOU MOVE?
Remember at this time moving from Phase I into Phase II is a choice
GET A LAB

- **Lab** - Do you have a lab to conduct testing?
  - If yes, they will need to ensure the lab has an acceptable turn around time (around 3 days max) and supplies the test kits. If so, they will need to order test kits from the lab and arrange for transport.
  - If no, you do not have a lab or your lab cannot process the results fast enough, email Jessica Bax at Jessica.bax@health.mo.gov and she will connect the facility with a lab who will provide the test kits.

- **Test kits** (swab and media) When ordering testing supplies, ensure the swabs and media are compatible with your lab.

- **PPE** - A minimum of 4 sets of PPE needed each person performing testing. Need to glove and perform handwashing between residents/staff.

If your designated lab does not supply testing kits, the facility will need to order the test kits from the state lab through the online ordering system [https://survey123.arcgis.com/share/ad554f3afbb54779ac43977048736e?portalUrl=http://mophep.maps.arcgis.com](https://survey123.arcgis.com/share/ad554f3afbb54779ac43977048736e?portalUrl=http://mophep.maps.arcgis.com)
The facility will need to ensure the test kits they order are compatible with the lab.

- There is a video for your clinical staff to watch how to perform the test.

WHEN DO YOU TEST

When a resident or staff member shows symptoms.

When a staff or resident has had possible exposure.

When you are ready to move to Phase II.
WHEN AND WHO DO YOU TEST

Get consultation with local and State public health agencies regarding all decisions on widespread testing and retesting in the facility. Discuss with DHSS Regional Office as to when to begin the repeat.

TESTING

- The following are acceptable specimens: (Possibly used for your dementia residents)

- A nasopharyngeal (NP) specimen collected by a healthcare provider; or
- An oropharyngeal (OP) specimen collected by a healthcare provider; or
- A nasal mid-turbinate swab collected by a healthcare provider or by a supervised onsite self-collection (using a flocked tapered swab); or
- An anterior nares (nasal swab) specimen collected by a healthcare provider or by home or supervised onsite self-collection (using a flocked or spun polyester swab); or
- Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare provider.
**Phase 2 Guidance**

The test should have EUA status and should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity and greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Following samples could be used for the PCR testing (the facility must ensure the lab can process the samples in the manner they are collected): [https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html](https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html)

- Antibody testing should not be used for diagnosis of someone with an active SARS-CoV-2 infection.
- Residents or staff who have previously tested positive and are either 14 days from positive test or have had two negative tests 24 hours apart do not need to be retested as part of the reopening testing process.
- If baseline testing or bi-monthly testing results in any positive results for residents or staff, the facility must follow the Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 [https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltcf.php](https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltcf.php) and the facility reverts back to Phase 1.

**Testing for Phase 2**

- **ALL** staff and all residents whether SNF, ALF, RCF – **ALL** must be tested for baseline facility wide testing.
- Every test should be completed within 1-3 days.
- If you are wanting to move into Phase II and your home tested prior to June 25th it has been too long and a retest will have to be completed to obtain a complete round of baseline testing.
- If there were no positive test results in the entire facility, additional, on-going, bi-monthly (twice a month or approximately every two weeks), testing of a minimum of ten percent (10%) of staff.
- The facility should make every attempt to randomize sampling of staff to be tested, i.e., the same staff should not be tested consecutively, to the extent possible.
- Agency staff will have to be tested. You will have to work it out with them whether you are going to do the testing or whoever you are contracted with.
REFUSALS

Staff or Resident Refuse Testing
They are treated as if they are positive
Staff member is sent home for 14 days.
Resident is in isolation for 14 days.

WHO PAYS FOR TESTING

- Reimbursement for COVID testing should be billed separate from all other COVID related expenditures. The state has a separate dedicated fund it will use to reimburse all long-term care facilities under the “Testing Instructions” tab on the website. There is also a separate invoice that must be filled out for testing reimbursement with supporting documentation (copy of lab bill). This invoice can be found on the same website under the “Testing Invoice” tab. This is outlined in the first half of the guidance referenced below. In addition, long term care facilities will be required to bill all available billing sources for testing (i.e. Medicare) rather than billing the state. Likewise, if your lab can bill Medicare, Medicaid, private insurance or HRSA (the uninsured fund), the lab should bill those entities directly for testing rather than billing the state for this testing.

- The Guidance is located at:

- An invoice for these expenditures will to be filled out and can be located under the “Other Expenditure Invoice” tab on the website. Detailed instructions for this process can be found on the website under the “Other Expenditures Instructions” tab. The Website is located at:
  https://apps.dss.mo.gov/LongTermCareCovid19Invoices/

- Facilities will complete and submit an Attestation on the website under the “SNF Attestation” tab located on the website. Attestation Website
  https://apps.dss.mo.gov/LongTermCareCovid19Invoices/PDF/SNF%20Attestation.pdf

- Questions to the dedicated email address COVID19invoice@dss.mo.gov
**KEEP YOUR DOLLARS**

- If the LTC still has uncompensated testing costs, they may use this process to submit an invoice to the state along with the lab’s bill/invoice and receive reimbursement from the Coronavirus Relief Fund. The LTC may use this process for residents and employees both. [https://apps.dss.mo.gov/LongTermCareCovid19Invoices/](https://apps.dss.mo.gov/LongTermCareCovid19Invoices/)
- It allows the LTC’s representative to upload documents and submit the invoice, all on-line, and the site provides instructions. There is also a dedicated e-mail account for questions at [COVID19invoice@dss.mo.gov](mailto:COVID19invoice@dss.mo.gov)

**COUNTY TRENDING**

You have to check with your local health department to see if your county meets the downward trajectory over the past 14 days. They have a map and communication with DHSS to see how your county is doing.

After you are in Phase II the only way you back to Phase I is if your home has a positive staff or resident. Does not depend on what the county is doing.
**TESTING**


**REPORTING**

- Complete and send into DHSS at the end of the day of testing and retesting a staff and resident testing worksheet. Each day they complete testing, it can upload directly through a portal on the Congregate Facility Reporting Positive COVID case portal. This is the same place they report positive cases in your community as well. The portal can be found here: [https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/](https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/)

- Communicate with residents and their families about your testing and positive cases. If there is a positive notification is to be by 5:00 pm the next day and then weekly.

- Facility-acquired cases included:
  - All staff positive, and
  - Residents who test positive while residing in the facility

- Facility-acquired does not include:
  - Residents admitted to the facility with a known positive diagnosis, or
  - Residents who tests positive upon admission as part of the facility’s admission criteria, as long as these residents have resided in a designated COVID-19 unit since admission
**So Why Move into Phase II**

- You are going to have to Spread Your Wings
- Community and Family Peer Pressure
- Consider the psycho-social well-being of residents who have been in prolonged social isolation
- Consideration for quality of life and dignity of residents
- **TAKE YOUR TIME**
  - Resident Safety
  - Employee Safety
  - Your Safety and peace of mind

**Essential or Non Essential (Phase 2)**

- Homes will need to review and establish definitions for essential vs non-essential workers.
- Determining essential or non-essential may depend on what tasks are necessary for their visit.
- Phase 2 allows a limited number of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing and other infection control precautions.
- Physician visits/Outside providers
  - Each facility should examine the circumstances and the status of the county where it is located and consult with the local public health agency and medical director. Telehealth and virtual visits continue to be approved. If circumstances require, arrange the visit in private area, room or at the clinics.
CHECKLIST FOR REOPENING OF MISSOURI LONG-TERM CARE FACILITIES

PHASE 1
DMSS guidance can be found at: https://health.mo.gov/living/healthcondiseases/communicable/hover-novel-coronavirus/professionals.php?collapseSix

Visitation
Visits may occur in accordance with DHSS guidance. Compassionate care situations are not strictly limited to end-of-life situations. Visits may be allowed ensuring proper infection control procedures are followed in these limited visiting situations:
- Provide instruction on hand hygiene
- Limit surfaces touched
- Visitors must wear a cloth face covering or facemask for the duration of the visit
- Provide PPE according to current facility policy while in resident’s room
- Individuals with fever, other symptoms of COVID-19 or unable to demonstrate proper use of infection control techniques should be restricted from entry

Essential/Non-Essential HCP
Restricted entry of non-essential healthcare personnel
All healthcare personnel are screened upon entry and additional precautions are taken:
- Hand hygiene
- Donning of appropriate PPE as determined by the task
- Minimum wearing a face mask for the duration of their visit

Communal Dining
Communal dining limited for (COVID-19 negative or asymptomatic residents only), residents may eat in same room with social distancing
- Limit number of people at tables

Screening must be documented
- Audits of screening logs completed on (date) _____________ by (name and title)

Resident Screening
100% screening for all residents:
- Temperature checks
- Questions about and observation for other signs, symptoms of COVID-19 (at least daily)
- Audits of resident screenings completed on (date) _____________ by (name and title)

Universal Source Control
Universal source control for everyone in the facility
Wearing of cloth face covering or facemask for:
- Residents
- Visitors entering for compassionate care

Personal Protective Equipment
All staff wear appropriate PPE when interacting with residents (to the extent PPE is available and consistent with CDC guidance on optimization of PPE)
- Staff wear cloth face covering if face mask not indicated

Testing
In addition to baseline testing, residents and staff are tested upon identification of an individual with symptoms consistent with COVID-19.
The test should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR) with greater than (>) 95% sensitivity and greater than (>)> 90% specificity, with results obtained rapidly (e.g., within 48 hours).
QIPMO’S COVID ACCOUNTABILITY TEAM (CAT) FACILITY-WIDE TESTING AND REOPENING GUIDANCE FOR MISSOURI LONG TERM CARE FACILITIES: A PHASED-IN APPROACH

- 14-page document that includes:
- Summary of phased approach to reopening
- Guidelines for choosing a private lab for testing
- Guidelines for PPE: inventory, burn rate, supply chain, surge strata
- Guidelines for cohorting residents in NH: options, physical environment, staffing, PPE, waivers
- Visitation guidelines
- Policy for testing: baseline with algorithm, methods, specimen handling, documentation, repeat testing
- Resources
POLICY FOR FACILITY-WIDE COVID TESTING IN MISSOURI LONG TERM CARE FACILITY

DEFINITION

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>No signs or symptoms of respiratory or other listed COVID-19</td>
</tr>
<tr>
<td>Symptomatic</td>
<td>New onset of cough, shortness of breath, sore throat, diarrhea, loss of taste or smell, persistent pain or pressure in the chest, weakness or for any decrease in pulse or oxygen saturation in a resident baseline level or any pulse or oxygen saturation reading &lt; 95%</td>
</tr>
<tr>
<td>Retest</td>
<td>Repeat testing after the first test</td>
</tr>
<tr>
<td>Person under investigation (PUI)</td>
<td>Person who is suspected to have COVID-19</td>
</tr>
<tr>
<td>SARS-CoV-2 test</td>
<td>The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 99% sensitivity, greater than 99% specificity, with results obtained rapidly</td>
</tr>
<tr>
<td>Other workers</td>
<td>People who visit the nursing home frequently, i.e., therapists, chaplains, counselors,pastor, volunteers, vendors, consultants</td>
</tr>
<tr>
<td>High risk areas (community risks)</td>
<td>Nursing home settings and multiple positive cases in the surrounding areas</td>
</tr>
</tbody>
</table>

Purpose:

- To rapidly detect asymptomatic positive residents and staff in the nursing home in order to prevent the transmission of COVID-19 in the nursing home.
- The universal testing or the baseline testing prompt the nursing home to develop strategies to establish the comprehensive plan to mitigate the spreading of COVID-19 and manage the care for asymptomatic positive person who contributes to ongoing spread of virus in the facility or on a specific unit.
- The testing policy to satisfy the CMS and DHSS requirements for assessing adequate testing of staff and residents per CMS and CDC guidance.

2020 RE-OPENING OF LONG-TERM CARE IN MISSOURI

On behalf of the University of Missouri's QIPMO team and MO DHSS... welcome to the launch of the 2020 re-opening of long-term care! The first half of the year has been extremely challenging, arduous, and unfamiliar to all of us; we all had to just jump in feet-first to this whole new, unknown world. Now we all have to adjust to that world. (Any volunteers for tribute?)! Thankfully, we're in this together.

Most of the SNFs and ICFs know and are familiar with the QIPMO team, and DHSS has asked us to expand our program to aide ALFs and RCFs in re-opening under the State’s guidelines. There are three phases that MO’s LTC facilities will be progressed through in order to ease restrictions in your facilities.

You can find the full guidance from MO DHSS here.

The "usual" QIPMO team of nurses and leadership coaches will always be available for assistance, but we've added a couple new (and returning!) team members to our new CAT group – the COVID Accountability Team. Please, please feel free to directly contact your "representative". We're ready, willing, and want to help!

Below you'll find the contact information for SNFs and ICFs (you can reach out to your regional QIPMO nurse and/or leadership coach):

- Region 1 – Melody Schrock, Nicky Martin, and/or Mark Francis
- Region 2 – Wendy Boren and/or Nicky Martin
- Regions 3 and 4 – Katy Nguyen and/or Mark Francis
- Regions 5 and 6 – Crystal Plank, Nicky Martin (6), and/or Libby Youzar (5)
- Region 7 – Debbie Pool and/or Nicky Martin

Below you’ll find the contact information for ALFs and RCFs:

- Regions 1 and 2 – Rob Siew
- Regions 3, 4, and 5 – Sharon Thomas
- Regions 6 and 7 – Carol Siem

This does not apply to swing beds – please contact the Department at ???
WHAT IS CONSIDERED A NON-MEDICALLY
NECESSARY OUTING?

- Homes should discuss, in consult with local public health agency and medical director to
determine what constitutes medical necessity and develop a facility protocol. Examples of not
medically necessary: Beauty shop, out to eat, wedding, family reunion.

- Phase 1: Non-medically necessary trips outside the building should be avoided.

- Phase 2: Group activities, including outings, limited (for asymptomatic or COVID 19 negative
residents only) with no more than 10 people and social distancing among residents,
appropriate hand hygiene, and use of a cloth face covering or facemask.

- Phase 3: Group activities, including outings, allowed (for asymptomatic or COVID19 negative
residents only) with no more than the number of people where social distancing among
residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or
facemask.

SUMMARY OF CHANGES TO THE GUIDANCE
CDC

- Below are changes to the guidance as of July 9, 2020:

- Clarified that the recommendations for universal use of eye protection (in addition to a facemask) for HCP working in facilities located in communities with moderate to sustained SARS-CoV-2 transmission is intended to ensure HCP eyes, nose, and mouth are all protected during patient care encounters.

CMS EXPECTS TO RESUME MEDICARE CLAIM AUDITS BEGINNING AUGUST 3, 2020

- The Centers for Medicare and Medicaid Services (CMS) recently updated their COVID-19 Provider Burden Relief Frequently Asked Questions (FAQs) related to claim audit waivers for multiple services. On March 30 CMS suspended most Medicare Fee-For-Service (FFS) medical review because of the COVID-19 pandemic. This included pre-payment medical reviews conducted by Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate program, and post payment reviews conducted by the MACs, Supplemental Medical Review Contractor (SMRC) reviews and Recovery Audit Contractor (RAC). CMS expects to resume these audit activities beginning on August 3, 2020, regardless of the status of the public health emergency.

- If selected for review, providers should discuss with their contractor any COVID-19-related hardships they are experiencing that could affect audit response timeliness. CMS notes that all reviews will be conducted in accordance with statutory and regulatory provisions, as well as related billing and coding requirements. Waivers and flexibilities in place at the time of the dates of service of any claims potentially selected for review will also be applied.

- Dan Ciolek posted by AHCA/NCAL at 11:50 AM
CPR

- Certifications current.
- There is no waiver issued to postpone CPR certifications.
- Important to know who in your building is CPR and DNR.

COMMUNICATION

- Stay in contact with us.
- Stay in contact with your County Health Department
Nicky Martin email: martincaro@missouri.edu
Libby Youse email: youseme@missouri.edu
Mark Francis email: francismd@missouri.edu
Jessica Mueller: Senior Program/Project Support Coordinator
Ronda Cramer: Project Support
Marilyn Rantz, PhD, RN, FAAN
Curators’ Professor Emerita, Project Director

Wendy Boren email: borenw@missouri.edu
Katy Nguyen email: nguyenk@missouri.edu
Crystal Plank email: plankcl@missouri.edu
Debbie Pool email: poold@missouri.edu
Melody Schrock email: schrockm@missouri.edu
Carol Siem email: siemc@health.Missouri.edu
CAT TEAM
COVID-19 ACCOUNTABILITY TEAM

Carol Siem email: siemc@health.missour.edu

Sharon Thomas email: thomassg@missouri.edu

Rob Siem: rws266@missouri.edu

LET US KNOW HOW WE CAN HELP

EVALUATIONS

LTC LEADERSHIP COACHES

• Nicky Martin, BSA, LNHA, CDP, QIPMO Team Leader
  573-217-9382
  St. Louis/Southeast/Southwest
  martincaro@missouri.edu

• Mark Francis, MS, LNHA
  417-499-9380
  Kansas City/West/Southwest
  francismd@missouri.edu

• Libby Youse, BGS, LNHA, CDP
  660-651-3778
  Central/Midwest/North
  youseme@missouri.edu

Nursing Home Help
We can do virtual visits via zoom!