Topics for today

Testing Requirements

Reporting

HHS Money
WHO ARE YOU GOING TO TEST

Symptomatic Testing: Screen all staff, residents and other visitors, (including surveyors), and test any staff or resident with symptoms of COVID-19.

Outbreak Testing: Test all staff and residents in response to an outbreak. Continue to test all staff and resident that tested negative every 3-7 days until 14 days since the most recent positive result had passed or two negative rounds of testing.

Routine Testing: test all staff based on the extent of the virus in the community based on CMS' county positive rate map.

HTTPS://DATA.CMS.GOV/STORIES/S/BKWZ-XPVG

<table>
<thead>
<tr>
<th>Community COVID-19 Activity</th>
<th>County Positivity Rate in the past week</th>
<th>Minimum Testing Frequency³</th>
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<tr>
<td>Low</td>
<td>&lt;5% (less than 5%)</td>
<td>Once a month</td>
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<tr>
<td>Medium</td>
<td>5%-10%</td>
<td>Once a week</td>
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<tr>
<td>High</td>
<td>&gt;10% (more than 10%)</td>
<td>Twice a week</td>
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<tr>
<th>County</th>
<th>FEMA Region</th>
<th>FIPS Code</th>
<th>County Name</th>
<th>Positivity Rate</th>
<th>Variance</th>
<th>In Prior 7 Days</th>
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• Be sure the local health department is using this formula and if their information is more current than CMS go by the health department.

• Total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the total number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location.

To Reopen – Missouri DHSS Dashboard

Coronavirus Disease 2019 (COVID-19) Current consecutive days of downward trajectory, by county 06 Sep, 2020

Days in downward trajectory*

Source: CDC analysis of USAFacts data
READY, SET, GO to Phase II

DHSS guidance can be found at: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix

- Facility Wide test must be within 14 days of your reopening. All negative tests including residents & staff.
- You cannot reopen until 28 days after your last positive COVID tests – resident & staff.
- Staffing levels good
- Consider what is going on in the community.
- County has to be in a downward trajectory.
- 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. (randomize sampling of staff)
- You are in Phase 2.
- You still control who comes in and out of your designated area for visiting inside your building.

ANTIGEN MACHINES & TESTS are coming

- The federal government will release approximately 750,000 point-of-care COVID-19 tests from manufacturer Abbott to nursing homes next week in a separate, parallel initiative that builds on a previously announced push to bring coronavirus tests directly to facilities’ doors.
- The initial distribution will target facilities in counties designated as “red” or “yellow” by the Centers for Medicare & Medicaid Services (CMS), meaning the level of community COVID-19 spread requires twice-per-week or weekly testing of all staff members under new regulations announced last month.

- https://skillednursingnews.com/
CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES

- Algorithm

- CDC Guidelines
UPDATE YOUR CLIA WAIVER

Homes that currently hold a CLIA waiver will need to update CLIA Form CMS 116 to include testing for COVID-19 NH. If you do not have a CLIA waiver, you will need to get one. Send the new application/updated form to:

DHSS - Bureau of Diagnostic Services
CLIA Program
PO Box 570
Jefferson City, MO 65102
E-mail: CLIA@health.mo.gov
Fax: 573-751-6158

Additionally, you will need to include the platform you will be using. If you are unsure which platform device, list all POC testing platforms (Abbott, Quidel Sofia 2 Instrument or Becton, Dickinson and Company (BD) Veritor™ Plus System) in order to ensure the platform, you have or will receive, is listed.

CLIA REPORTING

The state is working to put a reporting process in place so facilities can result of their antigen testing. While we are waiting, keep a good log on an Excel spreadsheet.

✓ Patient’s name and ID or unique identifier and ID number.
✓ Name and address of the laboratory performing the test.
✓ Test report date.
✓ Test performed.
✓ Specimen source, when appropriate.
✓ Test results.
REPORTING

• DHSS – At the end of a day of testing or retesting send in a staff and resident testing worksheet. Testing spreadsheets can be uploaded at: https://health.mo.gov/safety/longtermcare.php

• CLIA - if using the POC machines
  – MO Bureau of Reportable Disease Informatics (BRDI) within 24 hours

• Positive results should continue to be reported via the online CD-1 form portal local public health department

• Regional DHSS office

• Residents and families

• Report to NHSN at least once every 7 days or multiple times per week

NHSN REPORTING

• May 8th – CMS QSO 20-29-NH
  – Rule came out to report at least every 7 days.
  – CMS pulls records every Monday
  – Data fields include
    1) suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19
    2) total deaths and COVID-19 deaths among residents and staff;
    3) personal protective equipment and hand hygiene supplies in the facility
    4) ventilator capacity and supplies in the facility
    5) resident beds and census
    6) access to COVID-19 testing while the resident is in the facility
    7) staffing shortages;
    8) other information specified by the Secretary of the U.S. Department of Health & Human Services (HHS).
**Provider Relief Fund $2 Billion**

- HHS is going to use your NHSN reporting to determine who gets the money.
- Performance Based Incentive
- Divided into 4 months – September, October, November, December
- They are also going to look at the baseline level of infection in your community.
  - Two Outcomes:
    1) ability to keep new COVID-19 infection rates low among residents
    2) ability to keep COVID-19 mortality low among residents.
• Long Term Care facilities, including Assisted Living facilities, Residential Care facilities, Intermediate Care facilities, and Skilled Nursing Facilities (LTCs) seeking reimbursement for facility wide testing related to outbreaks or reopening testing for COVID-19 through the Coronavirus Relief Fund, can find information related to reimbursement, including the invoicing process for the facilities at: [https://apps.dss.mo.gov/LongTermCareCovid19Invoices/](https://apps.dss.mo.gov/LongTermCareCovid19Invoices/)

• LTC homes may direct questions regarding this process to [COVID19invoice@dss.mo.gov](mailto:COVID19invoice@dss.mo.gov)

• [https://apps.dss.mo.gov/LongTermCareCovid19Invoices/PDF/TestingInstructions.pdf](https://apps.dss.mo.gov/LongTermCareCovid19Invoices/PDF/TestingInstructions.pdf)
  – Step by step instructions on filing the invoice.
• State processing is in the order which they receive them.
• Include every detail you can since the definition of what “necessary” COVID related expenditures has not been yet.
• Deadline is December 31, 2020 or until funds are depleted, whichever happens first.

• Don’t wait.
  • Bill now and as many times as you can un

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**PROVIDER RELIEF FUND**

• On July 20, 2020, the Department of Health & Human Services (HHS) posted a notice for post-payment reporting requirements for the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and Provider Relief Fund (PRF).
• The HHS notice informed recipients who received one or more payments exceeding $10,000 in the aggregate from the PRF of the timing and future reporting requirements. HHS will issue detailed instructions regarding these reports by August 17, 2020, and the reporting system will be available for reporting on October 1, 2020.
• Each provider that received a payment from the PRF and used any part of the payment agreed to a set of terms and conditions that, among other obligations, requires each recipient to submit reports to HHS in its requested format.
• [https://www.hhs.gov/sites/default/files/provider-post-payment-notice-of-reporting-requirements.pdf](https://www.hhs.gov/sites/default/files/provider-post-payment-notice-of-reporting-requirements.pdf)
**Justification**

- How were the payments for the $4.9 billion to Skilled Nursing Facilities determined?
  - Payment Allocation per Facility = Fixed Payment of $50,000 + $2,500 per Certified Bed
  - Facilities must have six or more certified beds to be eligible for a payment.
- How were the payments for the $2.5 billion to Skilled Nursing Facilities and nursing homes determined?
  - Eligible facilities received a per-facility payment of $10,000 plus a per-bed payment of $1,450. A facility must have at least 6 certified beds to be deemed as eligible for payment.

**Timeline**

- **May 22** Allocation for Skilled Nursing Facilities $4.9 Billion to over 13,000 certified Skilled Nursing Facilities
- **August 7 or August 27** Allocation for Nursing Homes $2.5 billion to nursing homes mid-August to support increased testing, staffing, and PPE needs
- **September 1** Phase 2 General Distribution for Assisted Living Facilities Assisted living facilities (ALFs) may now apply for funding under the Provider Relief Fund Phase 2 General Distribution allocation
- **September 3** Nursing Home Incentive Payment Plans
- HHS announces details of $2 billion performance-based incentive payment distribution to nursing homes
NOTICE OF TIMING OF REPORTING

The reporting instructions will provide directions on reporting obligations applicable to any provider that received a payment. The intent of the reports is to allow providers to demonstrate compliance with the terms and conditions related to the allowable use of each PRF payment received.

- The reporting system will become available to recipients for reporting on October 1, 2020.
- All recipients must report within 45 days of the end of the calendar year 2020 on their expenditures through the period ending December 31, 2020.
- Recipients who have expended funds in full prior to December 31, 2020, may submit a single final report at any time during the window that begins October 1, 2020, but no later than February 15, 2021.
- Detailed PRF reporting instructions and a data collection template with the necessary data elements will be available through the HRSA website soon be made available.
- Continue to check the hhs.gov/providerrelief page for the latest updates.

KEEP GOOD RECORDS - AUDITS

- THERE WILL BE AUDITS
- DHSS WILL AUDIT HOMES
- HHS WILL AUDIT HOMES
- HHS WILL AUDIT DHSS
PPE

- State supply house right now has an abundance of gowns and they are wanting to move those out to make room for more inventory.

July 7th, 2020

That was the day the reopening guidance came out. It is time to reopen.
LET US KNOW HOW WE CAN HELP

EVALUATIONS

CAT TEAM
COVID-19 ACCOUNTABILITY TEAM

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