

The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.
www.seniorhealthsciences.org

Week of 02 January 2022

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Ohio News

R3AP available 24/7; emergency staffing available soon

The Ohio Department of Aging announced last week that the R3AP call line (1-855-732-7632) is now available 24 hours a day, seven days a week. Providers can call R3AP for any of the following reasons:

- Vaccination,
- COVID-19 testing and cohorting,
- Temporary staff support, and
- Infection prevention and control education.

R3AP can be contacted if you are facing an immediate staffing crisis that may jeopardize the health and safety of the residents. In related news, the Controlling Board approved \$7.5 million for emergency staffing for SNF and AL providers. The approval allows ODA to contract with Maxim Health Care Services, LeaderStat, and Alto Health Care Staffing. According to ODA, the current plan is to have teams of about four (1 RN, 1 LPN, and 2 STNAs) to provide emergency staffing support when a facility cannot sufficiently staff. Ideally, the teams will vary depending on a facility's needs and will be based regionally. ODA is still finalizing how it will implement this service. It will be part of the R3AP temporary support staff services. More information on the R3AP program [is available by clicking here](#).

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ODM provides info on ARPA relief spending

The Ohio Department of Medicaid held a webinar last week outlining how pandemic relief funding would be allocated among the different provider groups. Skilled nursing facilities were not included; however, assisted living and ICF facilities were covered. Assisted living facilities are to receive \$500 per licensed bed and will have to register in the OAKS system as a vendor to receive payment. ICFs will receive a supplemental payment based on December 1, 2021 certified bed count. Their payments will go through the MITS. All of the provider relief spending will require emergency rules, which are currently being drafted by ODM. The ICF payment, along with the SNF payment, will require a Medicaid state plan amendment (SPA) and need approval from CMS. ODM is also currently drafting the SPA. More details on the SNF payment are expected this week. [\(Back to top.\)](#)

Oral antiviral drugs in limited supply

The FDA recently approved oral antiviral drugs for the treatment of COVID. [\(Please see the CDC HAN by clicking here](#) for more information on available treatments for COVID.) Unfortunately, there is a limited supply that will be allocated by the federal government with input from each state. According to ODH, "A limited supply of these new oral therapeutics is being allocated to Ohio by the federal government. Due to the limited supply, the state is utilizing a selection of the existing monoclonal providers to distribute the medication on day one. As supply becomes more readily available, the state will expand to additional providers." Furthermore, ODH states "At this time, Ohio's allocations are being made by the Ohio Department of Health (ODH) in cooperation with state partners including the Ohio Department of Aging, healthcare associations, and clinical zone leadership to ensure equitable distribution. The goal of Ohio's state-coordinated distribution system is to maintain equitable distribution geographically and across different types of facilities (hospitals and

healthcare systems, long-term care facilities/pharmacies, and federally qualified health centers), factoring in current supply and utilization. With the initial supply of oral therapeutics being extremely limited, distribution will be focused on the smallest number of providers who have experience with the federal allocation system through the monoclonal antibody system, and who provide the greatest level of access statewide. The supplies are maintained and distributed by a wholesaler (AmerisourceBergen) contracted through HHS, and are never possessed by the state. ODH's role is to facilitate allocations and ensure fair and equitable distribution." ODA has assured The Academy that long-term care providers, including nursing homes, are a priority. They instructed providers to continue to work with their pharmacy on acquiring both the oral antivirals and monoclonal antibodies. The R3AP program can be contacted if a provider is having difficulty accessing treatments via their pharmacy. [ODH's provider communication for therapeutics is available by clicking here.](#)

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HOME Choice information sessions

The HOME Choice team recently announced a change regarding program eligibility. Individuals are now eligible to participate in the HOME Choice program after a 60 day stay in a long-term care facility. Previous program eligibility required at least a 90-day stay in a long-term care facility. ODM would like to invite you as well as other members of your staff to learn more about the HOME Choice program and how participation in the program can help your residents return to the community when they are ready.

HOME Choice Information Session Options

January 25, 2022 – 8:30 am

January 27, 2022 – 12:30 pm

February 2, 2022 – 12:30 pm

February 3, 2022 – 8:30 am

Sessions are 30 minutes in length and will be conducted online using Microsoft Teams. Please use the following link to register for the session of your choice: [HOME Choice Information Session Registration](#). Program information will be repeated in each individual session. If you are unable to attend any of the information sessions and want to learn more about HOME Choice, please connect with Jennifer Landau at Jennifer.landau@medicaid.ohio.gov.

HOME Choice [Helping Ohioans Move, Expanding Choice] is a transition program

administered by the Ohio Department of Medicaid which assists individuals, age 18 and older, move from long-term care facilities back to the community setting of their choice after an extended institutional stay. The program supports a team approach to discharge planning and the HOME Choice Transition Coordinator is a vital member of that team. The Transition Coordinator can work with you, your resident, and the other members of your residents' discharge planning team to develop a comprehensive plan to return to the community that supports health, independence and integration.

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National News

CDC Updates

***Updated* (12/23/21) Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2** — Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance has been updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. The guidance will continue to be refined as additional information becomes available to inform recommended actions. To learn more, please visit: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

The CDC also recommended these resources for nursing homes during a national stakeholders call: CDC Infection Control guidance for healthcare:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> and the link for additional infection control guidance for nursing homes (which may be adapted in other LTC settings):

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

The Ohio Bureau of Infectious Diseases said that the residents of long term care facilities do not fall under CDC's updated COVID-19 isolation and quarantine

guidance for the general population. According to BID, CDC is in the process of developing guidance specifically for residents in congregate care settings. Until then, long-term care facilities should continue to follow their existing isolation/quarantine guidance for residents until CDC issues its updated guidance for this population.

The National Institutes of Health: The COVID-19 Treatment Guidelines Panel's Interim Statement on Patient Prioritization for Outpatient Anti-SARS-CoV-2 Therapies or Preventive Strategies When There Are

Logistical or Supply Constraints — The COVID-19 Treatment Guidelines Panel (the Panel) has recommended several therapeutic agents for the treatment and prevention of SARS-CoV-2 infection in individuals who are at high risk for progression to severe COVID-19. These anti-SARS-CoV-2 therapeutics are of greatest benefit for non-hospitalized patients who have risk factors for progression to severe COVID-19. The risks for progression are substantially higher for those who are not vaccinated or who are vaccinated but not expected to mount an adequate immune response to the vaccine. [Learn More](#)

The National Institutes of Health: The COVID-19 Treatment Guidelines Panel's Statement on Therapies for High-Risk, Nonhospitalized Patients With Mild to Moderate COVID-19 — Prior to mid-December 2021, the anti-

SARS-CoV-2 monoclonal antibodies (mAbs) bamlanivimab plus etesevimab, casirivimab plus imdevimab, and sotrovimab were the only therapies recommended by the COVID-19 Treatment Guidelines Panel (the Panel) for nonhospitalized patients with mild to moderate COVID-19 who are at high risk of progressing to severe disease. Since then, the B.1.1.529 (Omicron) variant of concern (VOC) has become the dominant variant in many parts of the United States.¹ This variant, which has numerous mutations in the spike protein, is predicted to have markedly reduced susceptibility to bamlanivimab plus etesevimab and casirivimab plus imdevimab. [Learn More](#)

CDC/IDSA COVID-19 Clinician Call: COVID-19 Treatment Updates Plus the Latest on Omicron — [These one-hour webinars](#), held Saturdays at 3 p.m. ET,

focus on timely issues of relevance to clinicians and feature case presentations by experts in the field, synthesis of new data, and an opportunity to engage with colleagues. The next call is, **Saturday, January 22, 3:00 p.m. ET/noon PT** (U.S. and Canada) [Register Here](#).

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QIN-QIO Update

IPRO, Ohio's QIN-QIO, provided the following information:

Small Talks are brief presentations designed to meet your needs during a uniquely challenging time. Each topic is repeated the following week to better accommodate your schedule. We'll also have experts on hand to facilitate any questions you have. Each *Small Talk* is 20-minutes with 10-minutes for discussion and is structured to:

1. Articulate a specific challenge
2. Offer unambiguous interventions that lead to improvement
3. Guide providers to a specific result or outcome

Focus: Infection & Antibiotic Tracking Tool - [January 13 @ 12 PM](#); [January 19 @ 12 PM](#)

Focus: Adverse Drug Events (ADEs) - [January 27 @ 12 PM](#); [February 2 @ 12 PM](#)

Huddle: PPE Review - [January 12 @ 12 PM](#)

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MLN Connects Newsletter

News

- [COVID-19 Vaccine Access in Long-term Care Settings](#)
- [SNF VBP: Nominate Technical Expert Panel Members by January 16](#)
- [COVID-19 Vaccine & Monoclonal Antibody Products: Changes for MA Plan Claims Started January 1](#)

Claims, Pricers, & Codes

- [IPPS: Updated Web Pricer Features](#)

Events

- [Medicare Ground Ambulance Data Collection System: Q&A Session — January 18](#)

MLN Matters® Articles

- [January 2022 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#)
- [Transvenous \(Catheter\) Pulmonary Embolectomy National Coverage Determination \(NCD\) Section 240.6](#)

- [Changes to the Laboratory National Coverage Determination \(NCD\) Edit Software for April 2022](#)
- [Implementation of the Capital Related Assets Adjustment \(CRA\) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies \(TPNIES\) Under the End Stage Renal Disease Prospective Payment System \(ESRD PPS\) — Revised](#)

Publications

- [Original Medicare vs. Medicare Advantage](#)
- [Medicare Learning Network® \(MLN\) Provider Compliance Products — Revised](#)
- [Opioid Treatment Programs \(OTPs\) Medicare Enrollment — Revised](#)

[View this edition online by clicking here.](#)

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ODDS AND ENDS

New HCPCS Code for Remdesivir Antiviral Medication

Following the recent statement from the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines Panel](#) regarding therapies for the COVID-19 Omicron variant, CMS created HCPCS code J0248 for VEKLURY™ (remdesivir) antiviral medication when administered in an outpatient setting. This code is available for use by all payers and is effective for dates of service on or after December 23, 2021:

- Long descriptor: Injection, remdesivir, 1 mg
- Short descriptor: Inj, remdesivir, 1 mg

Medicare Administrative Contractors (MACs) determine Medicare coverage when there is no national coverage determination, including in cases when providers use FDA-approved drugs for indications other than what is on the approved label. The MACs consider the major drug compendia, authoritative medical literature and accepted standards of medical practice to determine medical necessity when considering coverage. Therefore, the MACs will determine Medicare coverage for HCPCS code J0248 for VEKLURY™ (remdesivir) administered in an outpatient setting.

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NOTABLE DATES OR EVENTS

[OSHA ETS Effective](#)
10 January 2022
(Testing 9 Feb 2022)

[S.B. 58 Effective](#)
21 March 2022

[Click here for QIO training series.](#)

[Click here for CMS NH COVID-19 Training Modules](#)

[Click here to view CGS Part A training events](#)

[Click here to view CGS Part B training events](#)

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