The Academy Weekly

News & Information for LTC Providers

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

Week of 25 October 2020

Ohio News

National News

Ohio News

State vaccination program enrollment extended to Nov 6

The Ohio Department Health has extended the time providers have to enroll in the state vaccination program to November 6. This matches the extension for the federal program. SNFs and ALs should register for the federal vaccination program. The federal program is supposed to accommodate all aspects of the vaccination process - including vaccine

transportation, storage and administration - via CVS, Walgreens or the facilities preferred pharmacy if possible. SNFs can register via NHSN and
ALs via an online form.

SNFs and ALs can also register for the state program if they want to administer the vaccine themselves. According to FAQs, the federal program does not cover any initial vaccination of staff if that initial vaccination occurs prior to the vaccination of residents. For example, if it is determined that health care workers should receive the vaccine prior to SNF residents, the federal program may not cover staff vaccination during that initial phase. In that situation, providers may have to vaccinate staff themselves or have staff receive the vaccination from another provider (pharmacy, physician, health clinic, etc…). The federal program will cover any staff not vaccinated when the residents are vaccinated. Below is more information on the state program.

>From ODH Director Lance Himes:
"Dear Healthcare Provider,

If you want to administer the COVID-19 vaccine when it becomes available, it is critically important that you enroll as soon as possible due to accelerated federal timelines. **If you have ultra-cold storage capabilities (below -70 degrees Celsius) and are able to administer COVID-19 vaccines to 500 or more individuals, we ask that you enroll no later than Friday, November 6!** Please note that not every provider needs to have ultra-cold storage capabilities to be a COVID-19 vaccine provider.

While we do not know exactly when vaccine will be available, we must review and process applications and conduct provider training as quickly as possible to be prepared to mobilize immediately with little notice. It also is essential that we be able to identify and address any vaccine provider gaps across the state.

To submit an application to become a COVID-19 vaccination provider, please sign up online by going to the State of Ohio's "OH|ID" webpage at https://ohid.ohio.gov and follow the steps outlined in the attached "job aid." [Click here to access job aid.] Be sure to have on hand all of the information outlined in the attached enrollment "checklist." [Click here to access checklist.]

Please note that if you do not already have an OH|ID account, this will be a two-step sign-up process. The first step will be to create an account which must be reviewed and

approved, usually within 24 hours. After approval, you will receive an email notification and can go to the second step by logging into your new OH|ID account to complete your COVID-19 vaccination provider enrollment application.

If you have any questions, please contact the ODH COVID-19 Vaccination Provider Enrollment Team at covidvaccine@odh.ohio.gov.

Working together, we can help end the COVID-19 pandemic by vaccinating Ohioans who choose to receive the vaccine when it becomes available."

The job aid document is available by clicking here.
The checklist document is available by clicking here.

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Conference registration closing Friday!

The 2020 ASHS/OANAC (Virtual) Fall Conference and Annual Meeting is next week!!! Don't miss out on learning the latest information on the MDS, COVID-19, policy, and more! Earn up to 6.0 BELTSS CEs. (November 11, Approval #37222-SS-20; November 12, Approval #37245-SS-20; November 13, Approval #37286-SS-20.) ASHS and OANAC members receive a discounted rate of $60 per day, or $150 if you register for all three days. That is less than $10 per CE! Click here to learn more and register. Don't wait - registration closes Friday, Nov 6! (Back to top.)

Transportation testing, other notes from the ODH provider meeting

The ODH meets with the LTC provider associations on a weekly basis. Below are notes from last week's meeting:
**Testing of transportation providers* - ODH said that according to CMS transportation providers have to be tested for COVID regardless if they enter the facility or not. This is because of the time the provider spends with the resident. From ODH: "CMS believe the requirement concerns the time spent in close quarters with the residents is what triggers transport drivers to be covered under the new nursing home testing requirement, regardless of whether they actually enter or spend time in the building. Concerning testing, the nursing home may require the transport drivers to be tested somewhere at the expense of the transport company, or the nursing home may test them as part of their internal testing program. Regardless of how the testing is completed or prioritized, nursing homes are ultimately responsible under the new regulations at 42 CFR 483.80 for ensuring that testing is completed in accordance with our regulations and guidelines, as outlined in QSO 20-38. Therefore, if the nursing home requires transport staff to get tested elsewhere, the

nursing home still needs to maintain documentation that testing is completed. If a transportation company refuses testing, the nursing home should find another vendor for services." ODH said they are hearing conflicting information from other states. Other states have said CMS gave a different response. ODH is looking into it further to confirm the information above.

**N95 mask re-use* - Given the continued difficulties in procuring N95 masks and the high burn rate of using N95 masks per CDC guidance, ODH provided the following information on N95 masks: "https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

Re-use refers to the practice of using the same N95 respirator by one HCP for multiple encounters with different patients but removing it (i.e. doffing) after each encounter. This practice is often referred to as “limited reuse” because restrictions are in place to limit the number of times the same respirator is reused. It is important to consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model. If no manufacturer guidance is available, data suggest limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin. N95 and other disposable respirators should not be shared by multiple HCP. CDC has recommended guidance on implementation of limited re-use of N95 respirators in healthcare settings.

For pathogens for which contact transmission is not a concern, routine limited reuse of single-use disposable respirators has been practiced for decades. For example, for tuberculosis prevention, a respirator classified as disposable can be reused by the same provider as long as the respirator maintains its structural and functional integrity. If reuse must be implemented in times of shortages, HCP could be encouraged to reuse their N95 respirators when caring for patients with tuberculosis disease first.

Limited re-use of N95 respirators when caring for patients with COVID-19 might also become necessary. However, it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, and caution should be used. Re-use should be implemented according to CDC guidance. Re-use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics. During times of crisis, practicing limited re-use while also implementing extended use can be considered. It may also be necessary to re-use N95 respirators when caring for patients with varicella or measles, although contact transmission poses a risk to HCP who implement this practice. Ideally, N95 respirators should not be re-used by HCP who care for patients with COVID-19 then care for other patients with varicella, measles, and tuberculosis, and vice versa.

Respirators grossly contaminated with blood, respiratory or nasal secretions, or other

bodily fluids from patients should be discarded. HCP can consider using a face shield or facemask over the respirator to reduce/prevent contamination of the N95 respirator. HCP re-using an N95 respirators should use a clean pair of gloves when donning or adjusting a previously worn N95 respirator. It is important to discard gloves and perform hand hygiene after the N95 respirator is donned or adjusted.

The surfaces of a properly donned and functioning NIOSH-approved N95 respirator will become contaminated with pathogens while filtering the inhalation air of the wearer during exposures to pathogen laden aerosols. The pathogens on the filter materials of the respirator may be transferred to the wearer upon contact with the respirator during activities such as adjusting the respirator, improper doffing of the respirator, or when performing a user-seal check when redonning a previously worn respirator. One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for SARS-CoV2 (the virus that caused COVID-19). HCP should still treat the respirator as though it is still contaminated and follow the precautions outlined in CDC's re-use recommendations.

Respirator manufacturers may provide guidance for respirator decontamination. At present, there are no generally approved methods for N95 and other disposable respirator decontamination prior to re-use. Additional guidance on potential methods may be found here.

https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

To reduce the chances of decreased protection caused by a loss of respirator functionality, respiratory protection program managers should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility. If no manufacturer guidance is available, preliminary data(19, 20) suggests limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin. Management should consider additional training and/or reminders for users to reinforce the need for proper respirator donning techniques including inspection of the device for physical damage (e.g., Are the straps stretched out so much that they no longer provide enough tension for the respirator to seal

to the face?, Is the nosepiece or other fit enhancements broken?, etc.). Healthcare facilities should provide staff clearly written procedures to:

- Follow the manufacturer's user instructions, including conducting a user seal check.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.

**Procurement of N95 masks* - ODH said they expect providers to continue to try and acquire N95 masks. This includes documenting attempts with their vendor, EMA, LHD, and "sister" facilities. ODH said that one attempt is not enough; it is expected that providers continually check the availability of N95 masks. Furthermore, facilities are to use the masks when required. They are not to stockpile the masks and use KN95 masks or other masks if N95 masks are available. See above about re-using masks, including when in a crisis capacity situation.

**Visitation* - ODH iterated that preventing visitation could cause psycho-social harm and have residents' rights implications leading to citations. Denying end of life visitation could result in an IJ citation. CMS said that visitors do not need to be tested prior to entering the home. ODH also said that providers are to facilitate visitation; charging visitors for masks/PPE, requiring tests are considered barriers to visitation.

**Survey Update* - ODH continues to do annual surveys for RCFs and complaint and focused infection control (FIC) surveys for NHs. If a NHs has not had a FIC survey done within the previous two weeks and a complaint survey is being done, ODH will do a FIC survey with the complaint survey.

**Contract tracing policy* - ODH said there is an expectation that facilities have some ability to help LHDs identify who the person with the positive test has had contact with. Being able to track exposure is expected to be a part of the IPC policy of the facility.

**Twice a week testing* - ODH said they are using the CMS color code for the county when determining if testing is required twice a week, not the positivity rate itself.

**Holidays and LOA* - CMS reminded the State Ombudsman that providers cannot prevent people from leaving during the holidays. There is CDC guidance available about holiday gatherings for the general public that may be useful in educating residents and their family when making a decision about holiday

gatherings: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html. We expect more discussion on this in future meetings.

If you have a question you would like addressed at the next provider meeting, please contact The Academy prior to Mondays at 9 AM. (Back to top.)

BWC $5 billion dividend payment

Gov. DeWine and the Bureau of Workers Compensation announced last week that they will consider another dividend payment - the third this year - to a tune of $5 billion. The board is expected to pass the measure and it will result in a payment of about four times earlier payments. The distribution is expected to be done in the same manner as previous dividends and be based on the premium paid. (Back to top.)

COVID tests update

Dr. Mohler from the Ohio State Medical Center provided an update on COVID testing during the latest Ohio Medical Directors' Association call. Dr. Mohler noted that newer PCR equipment could analyze the samples faster with less human interaction, resulting in less staff required to run more tests. This has increased the capacity of PCR testing and reduces the chances of human error. Furthermore, OSU continues to work towards "pool testing" that will allow multiple samples to be run at the same time. This would even further enhance PCR testing capabilities. Dr. Mohler also noted the potential for high false negative test results for the POC machines due to their low sensitivity and how people can be infected with low viral loads for several days. It was noted that increased frequency of testing with the POC machines would increase the chances of getting a positive test as the viral load increases in an infected person. (Back to top.)

Scripps Update: online preference tool; LTC related papers

The Scripps Gerontology Center provided the following updates:

- *Online tool to document preferences in older adults:* A new online tool is now available for health care providers to assess the preferences of their residents or clients. The tool was developed by the Scripps Gerontology Center at Miami University, collaborating with computer scientists at Miami and also with Tennessee Tech University, said Dr. Katy Abbott, principal investigator and co-founder of Preference Based Living, a research fellow at the Scripps Gerontology Center and an associate professor of sociology and gerontology at Miami. Click here to learn more.

- *Scripps contributed to the following reports or papers that may be of interest to you*:
    - End-of-life educational needs of state tested nurse aides in Ohio long-term care facilities
    - Facility-level factors associated with CNA turnover and retention: Lessons for the long-term services industry
    - Unmet and unimportant preferences among nursing home residents: What are key resident and facility indicators?
    - Organizational factors associated with retention of direct care workers: A comparison of nursing homes and assisted living facilities
    - Changes over time in racial/ethnic differences in quality of life for nursing home residents: patterns within and between facilities
    - Medicaid nursing home policies and risk-adjusted rates of emergency department visits: Does rural location matter?
    - Nursing home social work during COVID-19

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National News

UCMS creates new "one-stop" nursing home webpage

From CMS: "The Centers for Medicare & Medicaid Services (CMS) launched a new online platform - the Nursing Home Resource Center - to serve as a centralized hub bringing together the latest information, guidance and data on nursing homes that is important to facilities, frontline providers, residents and their families, especially as the fight against coronavirus disease 2019 (COVID-19) continues.

Previously, individuals seeking information specific to nursing homes needed to navigate to several disparate webpages and spent valuable time looking for answers. With the onset of the COVID-19 Public Health Emergency (PHE), quick access to up-to-date information and resources, including the 24 guidance documents released since March 2020 in response to the pandemic, was critical.

The Resource Center consolidates all nursing home information, guidance and resources into a user-friendly, one-stop-shop that is easily navigable so providers and caregivers can spend less time searching for critical answers and more time caring for residents. Moreover, the new platform contains features specific to residents and their families, ensuring they have the information needed to make empowered decisions about their healthcare.

With the new page, people can efficiently navigate all facility inspection reports and data – including COVID-19 pandemic and PHE information. This tool will remain active through and beyond the COVID-19 PHE.

CMS identified opportunities for improvement during its ongoing review of nursing home quality and safety operations, infection control and PHE compliance updates. The independent Coronavirus Commission for Quality and Safety in Nursing Homes that convened during the summer of 2020 found similar needs.

CMS is committed to improve the health of all Americans, increase access to better care and transform the nation's healthcare delivery. The Nursing Home Resource Center website demonstrates the Trump Administration's commitment to ensuring that nursing home facilities and providers have the information they needed to care for residents – both as a part of the COVID-19 response and beyond.

To view the Nursing Home Resource Center, please visit: https://www.cms.gov/nursing-homes."
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CDC Updates

From the CDC:
Supporting Your Loved One in a Long-Term Care Facility (PDF): Nursing homes and long-term care facilities can use this document to communicate actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control.

Updated **Duration of Isolation and Precautions for Adults with COVID-19** — This guidance has been updated to include criteria and evidence to address whether people who recovered from COVID-19 and are re-exposed to COVID-19 need to undergo repeat quarantine.

Updated **Interim Guidance for Routine and Influenza Immunization Services**

During the COVID-19 Pandemic — This guidance has been updated to include considerations for influenza vaccination, vaccination of persons with suspected or confirmed COVID-19 or persons with known exposure, and influenza vaccination of persons in healthcare facilities and congregate settings during the COVID-19 pandemic.

Updated **Information for Clinicians on Influenza Virus Testing** — This guidance has been updated to include new algorithms for the testing and treatment of influenza when SARS-CoV-2 and influenza viruses are co-circulating. These updates include:

- Consolidated Clinical Algorithm for Outpatient Clinic or Emergency Department Patients with Acute Respiratory Illness Symptoms (With or Without Fever)
- Clinical Algorithm for Outpatient Clinic or Emergency Department Patients with Acute Respiratory Illness Symptoms (With or Without Fever) Not Requiring Hospital Admission
- Clinical Algorithm for Patients with Acute Respiratory Illness Symptoms Requiring Hospital Admission (With or Without Fever)

To learn more, please visit: Information for Clinicians on Influenza Virus Testing

Updated **Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)** — This guidance has been updated to include information and references for home health agency personnel involved in home care of people with confirmed or suspected COVID-19 infection.
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CMS SNF QRP October refresh

From CMS: The October 2020 refresh of SNF QRP data is now available on Nursing Home Compare (NHC), as well as the *Nursing homes including rehab services* web pages within Care Compare (CCXP) and Provider Data Catalog (PDC). The data are based on quality assessment data submitted by SNFs to CMS from **Quarter 1 2019 through Quarter 4 2019 (01/01/2019 –12/31/2019);** and the annual update of the claims-based measures data from **Quarter 4 2017 – Quarter 3 2019 (10/01/2017 – 9/30/2019).**
Starting in October 2020, six additional SNF QRP measures will be publicly reported on NHC, CCXP and PDC:

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury,

- Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP,
- Application of IRF Functional Outcome Measure: Change in Self-Care (NQF #2633),
- Application of IRF Functional Outcome Measure: Change in Mobility (NQF #2634),
- Application of IRF Functional Outcome Measure: Discharge Self-Care Score (NQF #2635), and
- Application of IRF Functional Outcome Measure: Discharge Mobility Score (NQF #2636).

Please visit the Nursing Home Compare, as well as the *Nursing homes including rehab services* web pages within Care Compare (CCXP) and Provider Data Catalog (PDC) websites, to view the updated quality data.

Please note that the October 2020 refresh of the SNF QRP data on Nursing Home Compare/Care Compare Sites is the last scheduled refresh of this data until the January 2022 refresh. For additional information, please review the available SNF QRP Public Reporting Tip Sheet.

For questions about SNF QRP Public Reporting please email SNFQRPPRQuestions@cms.hhs.gov.

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New BIMS, CAM training available

From CMS: CMS has released two new trainings:

Confusion Assessment Method (CAM) Video Tutorial

Brief Interview for Mental Status (BIMS) Video Tutorial

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CMS MLN Connects

News

- Quality Payment Program APMs: Update Billing information by November 13

Compliance

- Hospice Aide Services: Enhancing RN Supervision

MLN Matters® Articles

- Change to the Payment of Allogeneic Stem Cell Acquisition Services — Revised

Publications

- Medicare Quarterly Provider Compliance Newsletter

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View this edition online

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2020 ASHS/OANAC Fall Conference:

Live Webinars November 11, 12 and 13.

Click here to Register. REGISTRATION CLOSES NOV 6!

PREMIER THERAPY

2020 ASHS/OANAC Fall Conference Sponsor

Contact Eric Kennerk (eknnerk@embracepremier.com) to learn more about partnering with Premier Therapy.

ODDS AND ENDS

Alert: Ransomware targeting healthcare industry

The U.S. Department of Health and Human Services (HHS), the Cybersecurity and Infrastructure Security Agency (CISA), and the Federal Bureau of Investigation (FBI) have developed a cybersecurity alert related to an increased and imminent cybercrime threat to U.S. hospitals and healthcare providers: "Alert (AA20-302A) Ransomware Activity Targeting the Healthcare and Public Health Sector." This advisory describes the tactics, techniques, and procedures (TTPs) used by cybercriminals against targets in the Healthcare and Public Health Sector (HPH) to infect systems with Ryuk ransomware for financial gain. CISA, FBI, and HHS are sharing this information to provide warning to healthcare providers to ensure that they take timely and reasonable precautions to protect their networks from these threats.

REMINDER: Please submit your CDC report

Providers are reminded to submit your mandatory COVID-19 report at least once a week to NHSN: https://www.cdc.gov/nhsn/ltc/covid19/index.html

NOTABLE DATES OR EVENTS

Registration for COVID Vaccine Closes Nov. 6
NHSN (SNFs only) Online Form

CARES Act PRF Phase III
Apply by Nov 6

ASHS/OANAC Fall Conference
Via live webinars!
Nov 11, 12 and 13
Click here to register!

Use Renewed ABN By
1 January 2021

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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