Iowa Health Care Association
Iowa Center for Assisted Living
Iowa Center for Home Care

IHCA COVID-19 Provider Update Call – 3/17/2020

Department of Inspection & Appeals (DIA) Update

Guidance from Dawn Fisk, DIA Health Facilities Administrator:

- Effective immediately the only survey priority for CMS and DIA will be the investigation of immediate jeopardy complaints or self-reports. Current IJ investigations will be completed ASAP. No annual surveys will be conducted for at least 3 weeks.
- Surveyors who enter your buildings may need to use the facility's supply of PPE's. DIA is working to secure their own supply of PPE for survey staff from IDPH.
- Nursing facilities should end as effectively as possible current communal dining practices. Facilities are urged to try shift dining, moving tables at least 6 feet apart and seating only 1 or 2 residents per table. Providers should ensure that proper supervision continues for all diners who need assistance in the best method possible. CMS is expected to issue further guidance in the next few days.
- Group activities should also be stopped in nursing facilities to ensure social distancing.
- DIA is currently working on guidance for assisted living programs but it appears that it may mirror the guidance on visitor restrictions, communal dining and group activities now required of nursing facilities.

Visitor Guidance, New Website Resources, New Testing Guidelines, Medicare Skilled Stay Rules

1. **Reminders regarding visitor restrictions, communal dining and group activities**
    - Look on IHCA COVID-19 webpage for AHCA resources on communal dining restrictions.
    - If you have spouses who routinely visited daily and/or spend large amounts of time in the facility with their partners, a solution may be to offer them in patient respite care. If they are admitted to your facility, they should stay and not leave. Screen them carefully prior to admission as you would all other admissions from the community.
2. **Visitors in Assisted Living**
    - IHCA and NCAL believes that limiting visitors in assisted living programs is vital to protect your tenants. Please ramp up your efforts to limit visitors to buildings.
    - You must screen everyone entering the building.
    - Keep logs of your screenings. Here is a sample form.
    - We recommend the communal dining and group activity restrictions that are being imposed on nursing facilities. Check out AHCA NCAL guidance.
    - Advise your tenants not to leave the facility unless it is absolutely necessary for medical care.
    - **CDC is now asking AL's to restrict all visitors unless there is an end of life situation.** If visitors are allowed in such situations, we advise they wear face masks while in the facility. Families should not take tenants out of the facility.

3. **Essential Health Care Workers**
    - Please reference QSO-20-14-NH 3/13/2020 for definitions and descriptions.
    - Primary care providers, hospice staff, and EMS workers would be considered essential health care workers.
    - Corporate staff may be considered essential if they are in the facility to replace another manager who is ill, are there to help staff manage a survey or a facility crisis due to an outbreak. Routine visits by corporate staff should be reviewed to make sure they are necessary.
    - Outside contractors such as fire alarm companies doing routine inspections are probably not essential. IHCA has reached out to the Fire Marshal office to determine if CMS will allow facilities to postpone these routine inspections until after the visitor ban is lifted.
    - Beauty or barber visits are likely not to be viewed as essential, especially since they may be exposed to lots of COVID-19 positive individuals in the community.
4. **New Resource Tools on the Website**
    - S-BAR for assessing and reporting COVID-19
    - CDC LTC Respiratory Surveillance List
    - Assisted Living Pandemic Disaster Planning Toolkit
    - Martin Brothers is hosting a free webinar tomorrow at 10 am or 2:30 pm on communal dining. The link to the webinar registration is on our COVID-19 webpage.
5. **New Testing Guidelines from IDPH**
    - There are two new documents on our webpage, Protocol for LTC Facilities Reporting and COVID-19 Testing Framework for Iowa. . Follow the instructions on these two documents for reporting and testing protocols.
    - Members should contact their local hospital or laboratory to see if a supply of nasopharyngeal and oropharyngeal swabs may be obtained for testing.
    - IHCA staff are not well equipped to handle your questions regarding testing situations. Questions should be addressed to IDPH via the contact numbers found at the top of the COVID-19 webpage.
6. **Changes to Medicare Skilled Stay rules**

    AHCA is currently working on a FAQ document that will answer questions about the blanket waiver that relaxed Medicare Part A service rules. Please wait with questions until AHCA releases their guidance. Here is the information we know so far.
    - Goal of the Section 1812(f) Waiver is to **free up as many hospital beds as possible, nationwide**.
    - Therefore, the waiver is nationwide and applies to all hospitals and all SNFs regardless of whether there is COVID present in the hospital or not. So, this is blanket and broad-based.
    - Parameters that remain in place are:
        a. Patients ***must*** continue to meet the criteria for skilled care located in the Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf . It is criteria this continues to be documented.
        b. Long-Stay patients may be converted to Part A stays as long-stays as long as there is clinical evidence to support conversion to Part A. **I specifically described the scenario of just converting long-stay folks to Part A. The response was – if the patient meets the skilled care criteria noted above, they can be converted to Part A with no hospital stay.**
    - Regarding payment:

a. Timeframe - The waiver is retroactive to March 1, 2020 and is in place for 60 days with the option for renewal as needed; and
b. Billing: In terms of claims, to ensure payment and so CMS may track these stays, the "DR" condition code should be used by institutional providers (but not by non-institutional providers such as physicians and other suppliers) in all billing situations related to a declared emergency/disaster. The "DR" condition code is intended for use by providers (but not by physicians and other suppliers) in billing situations related to a declared emergency/disaster.

Reporting Guidance

IDPH Reporting Hotline

To ask questions about COVID-19 and to report possible outbreaks of respiratory illness (when two or more residents or staff report fever and respiratory illness) call:

During Business Hours: 800-362-2736

After Business Hours Only: 515-323-4360 ***(This will take you to the State Patrol dispatch who will notify the state epidemiologist.)***

- IHCA has reporting guidance on our website (was revised per IDPH numbers)
  a. Report suspected OR Confirmed cases to number above
  b. If you have a positive case, you must IMMEDIATELY report to IDPH at the number above.
  c. Be prepared to give some basic information about the person who has tested positive
  d. After reporting to IDPH please also report to local health and the DIA.
  e. Finally, please let IHCA know so we can assist.
  f. HIPAA concerns- reporting to public health is NOT a violation of HIPAA or any state privacy confidentiality laws/rules. HIPAA does however still apply. If positive case in facility- limited exception to HIPAA for those exposed to communicable disease or otherwise at risk of contracting or spreading the disease. Our guidance- tell residents staff (in calm manner with clear communication) of the fact of a positive test in facility and then move on to what it is you are doing to keep them safe (dedicated staff to any residents with positive COVID-19, infection control, isolation of any residents with COVID-19). DO NOT share other information about the resident(s) with positive cases. It is not necessary and is likely a HIPAA violation.

PPE Supplies

- **Most important thing you can do is to answer IDPH PPE survey, we understand some people have been having issues using the website.**
  - **If you have not received the IDPH PPE survey,** email HANOfficer@IowaHealthAlert.org to get on the survey distribution list. Include your Facility Name and Email Address in email.
- The national stockpile is very low, we need to take drastic measures to reduce use. AHCA recommends 1 mask per person per day
- Remember to seek masks and PPE in alternative places (does a dentist office or veterinarians office have some you can have)
- Document efforts to obtain PPE
- Look at CDC Guidance on conservation of use to stretch your supply

- You will not be cited for lack of PPE so long as you can document you have exhausted other attempts to obtain it, but it is critical you do everything you can to locate some

1135 Waiver and Guidance

- We are getting quite a few questions relating to 1135 waivers. The technical guidance relating to the 1135 waivers put in place by CMS in relation to COVID-19 is not yet issued. The only publicly available information is located on the COVID-19 Emergency Declaration Health Care Providers Fact Sheet available at https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
- This type of 1135 waiver, called a blanket waiver, is issued by the government and providers do NOT need to apply for it. They have been issued as a nationwide blanket waiver.
- Would not rely on any waiver UNTIL TECHNICAL GUIDANCE IS ISSUED
- Will be able to provide more details and assistance once technical guidance is issued
- Some relevant blanket waiver provisions announced by CMS
    - Waiver of 3-day prior hospitalization for coverage of SNF services
    - Renewed SNF coverage without a new spell of illness
    - Waiver of 42 CFR 483.20 relief on timeframe requirements for MDS Assessment and Transmission
    - Home Health- relief on timeframes associated with OASIS Transmission and extends auto-cancellation date of RAPS during emergency
    - State is working on additional 1135 waiver

A note on admissions

a. Do NOT MAKE ARBITRARY BLANKET STATEMENTS OF NO ADMISSIONS
b. Should take COVID patients if have the ability to care for them (do you have PPE staff)
c. CMS Guidance on Admissions- See QSO 20-14-NH
    - Nursing Homes can accept COVID-19 patient so long as they can follow CDC guidance for transmission-based precautions- these precautions linked in QSO.

Staffing Update

See: newest recommendations from the Centers for Disease Control and Prevention

- Implement active screening of residents and health care personnel for respiratory symptoms including actively checking temperatures for a fever (all health care personnel at beginning of shift and residents at least daily).
- AHCA NCAL has developed a Screening Checklist for visitors and employees
- https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID19-Screening-Checklist-SNF-Visitors.pdf
- AHCA NCAL has also developed a Start of shift daily Employee Screening Log: https://www.iowahealthcare.org/wp-content/uploads/sites/10/2020/03/Daily-Employee-Temp-Log-Excel.xlsx
    - Document absence of symptoms
    - Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).

- Screen and monitor residents when visitors, staff or others report respiratory symptoms within 14 days of interacting with the residents.
- Surveyors are allowed but if they have a fever or respiratory symptoms they should not enter.
    - Ombudsman should only be allowed in for compassionate situations AND if they don't have a fever or respiratory symptoms.
- Identify staff that work at multiple facilities and actively screen and restrict them appropriately.
- Enforce sick leave policies for ill health care personnel that are non-punitive, flexible, and consistent with public health policies allowing ill health care personnel to stay home.

Things to Consider

- Do you currently have all staff entering thru one door- It does not take a CNA or nurse to screen staff; it can be a volunteer or universal worker to take temps and ask the medical questions.
- Do you currently have any family members who come to your facility daily who help feed their loved one? If so, can you hire them on as paid staff and not only have them do that but help out with other universal worker- (environmental aide) chores in the building?
- Reach out to your local Community High Schools to see if they can contact their high school students who will be off for 4 weeks that will babysit for health care workers so they can come to work. Also reach out to your local high schools and see if their school nurse who will also be off during that 4-week time period is willing to help in any way.
- Are there any retired nurses in your community that would take on a role during this time you could reach out to. Do you have a local community college in your area that would have Nursing Education Faculty that would not be teaching that may like to help during this time?

On a final note I want to make you aware that the FDA is temporarily permitting the compounding of certain alcohol-based hand sanitizer products by pharmacists in State-licensed pharmacies. I have reached out to some of the pharmacies to find out if they will be compounding this. The pharmacies are waiting on the Iowa Board of Pharmacy to get the OK to do this. They are telling IHCA that the supplies such as the bottles they will be putting this in are in short supply so you will want to save your bottles in order to refill them. The Iowa Pharmacy Board is having a call today and will update IHCA on compounding of hand sanitizer. They have indicated they will be discussing a broad waiver for the prescription requirement, which will allow pharmacies to begin compounding sanitizer.

Media & Communications Update

Media Update

- Please understand the importance of handing press inquiries carefully. Ban press can have negative impact on operations/staffing.

- Media coverage to date.
    - Iowa coverages continues to be predominately positive
    - National coverage not always as positive – negative NY times article; still negative in coverage of Washington care facility

- IHCA media activities in the past week:
    - Media inquiry management – mostly related to visitation policies
    - Issuances of statewide media statement on visitation procedures (on website)

- Development of media guidance for members (on website)
- Development of media response statement – in case of an outbreak

- How to handle inquiries: Report to IHCA. Can also redirect inquiries to us for assistance in responding.
  1. Ask for the following details from the reporter and write them down: Name (first and last), Media outlet, and Deadline (day and time), phone number and email address.
  2. Ask if they have seen the IHCA information for the media on IHCA website.
     - If they have not seen the IHCA information, tell them the IHCA has helpful resources available and direct them to our media statement at iowahealthcare.org. On COVID page under recent updates.
     - If they have already read the IHCA media statement, and they still have additional questions about visitation policies, explain your top priority is caring for your residents and that your facility is focused on infection prevention and control. Tell them the Iowa Health Care Association would be a good resource for additional details about COVID-19. Ask them to contact the IHCA at 515-978-2204.
  3. Contact IHCA to keep us informed of media inquiries received so we can follow up accordingly.

  - Media questions to expect going forward:
    - What are facilities doing to prevent infection?
    - Do facilities have enough supplies/equipment?
    - What happens if there's a case at a facility?
    - How are facilities dealing with resident isolation?

  - Talking points for these questions:
    - We're already careful, as infection control is fundamental to healthcare, especially among older adults
      i. Controlling exposures to occupational infections is a fundamental method of protecting health care professionals and their patients
      ii. The healthcare industry term is "Standard Precautions" and there is a checklist of best practices, which assumes that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting

    - We're now extra careful, minimizing exposure by monitoring and restricting access
      i. All visitors and non-essential personnel are restricted from entry, as indicated by CMS
      ii. Daily assessments of staff and residents monitor for respiratory infections
      iii. We are cancelling communal dining and all group activities
    - We have a plan in the event of suspected COVID-19 infection
      i. In the event of symptoms of respiratory infection, we have designated areas for isolation while evaluating symptoms
      ii. Patients will be placed in a separate room and bathroom, served by a designated healthcare professional
      iii. Reporting to public health authorities guides further action, including transfer to another facility
    - The situation regarding COVID-19 is still developing
      i. IHCA publishes resources for members as the circumstances evolve
      ii. We are monitoring guidance from government agencies specific to infection control

- A few more tips on handling inquiries (do's and don'ts)

- Review the IHCA and AHCA media statements on our website before talking with media.
    - IHCA Media Statement Regarding New Federal Government Long-Term Care Visitation Guidance for COVID-19
    - AHCA Sample Template Press Statement and Talking Points for Impacted Facilities
    - AHCA Sample Template Press Statement and Talking Points for Non-Impacted Facilities
- Don't say Ban, Lock Down, Restricted. Instead say – For the safety of our residents, we are following CMS visitation Guidelines or Policies.
- Don't say things like we can't let in visitors or visitors can't come. Instead say we are implementing new visitor guidelines. Instead of visiting in person, we are changing the way family and residents are communicating to ensure the safety of our residents. We are fortunate to live in a time with technology tools like Facebook, Snap Chat, etc.
- Don't call it a "disease." Instead call it a virus or infection… comparing it to the flu is also helpful. Not unlike the flu, elderly is at higher risk.
- Do emphasis that this is a serious risk for the elderly population. The biggest risk with COVID-19 is that people in the community can carry the infection, not show any symptoms, visit a loved one in a care facility, and unknowingly expose them. We are doing everything we can to protect our residents.

Social Media

- Share Love Not Germs social campaign - Share examples of the innovative ways you are helping to facility communications with patients and family. Share on social media with tag #sharelovenotgerms (credit to Anamosa Care Center)

Communications Resources

- Website – recently reformatted and organized by date, topic, and source, check for updates weekly
- Weekly COVID calls – call in code will change each week, watch email for current code.
- Bulletin updates – every Wednesday, summary of recent updates
- Email alerts as needed – We realize you are getting a lot of emails; but may still need to send email blasts of items you need to know as they happen. Designate someone to check emails.
- Additional resources in progress – member response activation toolkit and employee moral video.