Updates – COVID-19 Testing in Nursing Homes

Responsible RestartOhio

June 23, 2020

The Webinar Will Begin at 10:00 AM

Welcome & Introductory Remarks

Lance Himes, Acting Director, ODH

Bridget Harrison, Assistant Policy Director, Office of Ohio Governor Mike DeWine

Agenda

Responsible RestartOhio & COVID-19 in NFs

1. Where are we today?
2. Nursing Facility Testing- Review of Testing Process, Practical Questions
3. Incentive Payments and Other Finance Questions
4. Retesting, Plans post-baseline

Where Are We Today?

Responsible RestartOhio & COVID-19 in Nursing Homes

Maureen Corcoran, Director, Ohio Department of Medicaid

Coronavirus.Ohio.Gov

Ohio | Department of Health

Coronavirus (COVID-19)

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Healthcare Providers and Local Health

WELCOME

TESTING IN NURSING HOMES

Testing in Nursing Homes

June 16, 2020 | COVID-19

Nursing homes residents are among the most vulnerable population
comprise a high percentage of COVID-19 deaths in Ohio. To protect th
staff who take care of them, the presence of COVID-19 in nursing hon
identified so that measures can be put into place to isolate the virus

To that end, Ohio's Congregate Care Unified Response Team (CCURT)
approach for testing these residents and staff guided by the followin

- Protect Ohioans in communities and congregate facilities, incl
nursing home facilities.
- Use the best available clinical information and most recent Ce
and Prevention guidance, including testing prioritization withi

NEW INFO ADDED

- Ohio's Plan for Nursing Home Testing June 2
  - Webinar Recording
  - Webinar Presentation Slides
- Testing in Nursing Homes Fact Sheet
- Testing in Nursing Homes FAQ
- Zone and Region Map
- CCURT Bridge Team Guidance and Information
- Nursing Facility Transfer Protocol
- Guidelines for Testing of Nursing Home Residents and Staff
- Contingency and Crisis Facility Staffing Guidance

COVID - 19 | Key Indicators

Last Updated: 06-22-20

Cases

Total Reported **Cases**	Last 24 Hour Reported **Cases** Change	21 Day Reported **Case** Average	21 Day Trend
45,537	729	455	

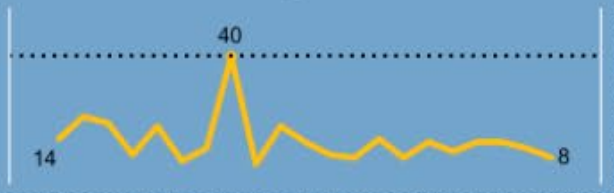
Deaths

Total Reported **Deaths**	Last 24 Hours Reported **Deaths** Change	21 Day Reported **Death** Average	21 Day Trend
2,704	4	24	

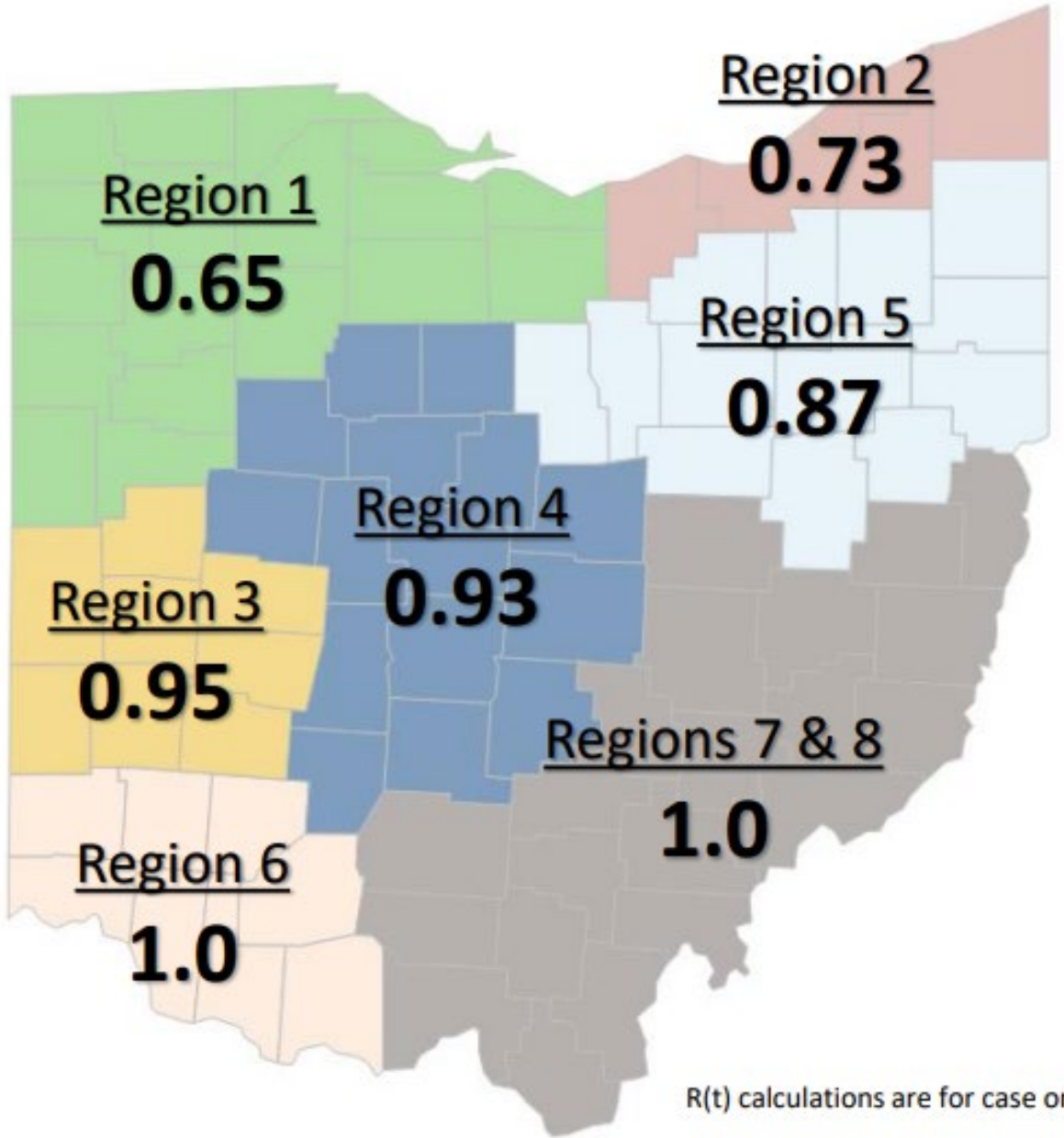
Hospitalizations

Total Reported **Hospitalizations**	Last 24 Reported Hours **Hospitalizations** Change	21 Day Reported **Hospitalization** Average	21 Day Trend
7,292	50	56	

ICU Admissions

Total Reported **ICU Admissions**	Last 24 Hours Reported **ICU Admissions** Change	21 Day Reported **ICU Admission** Average	21 Day Trend
1,852	8	13	

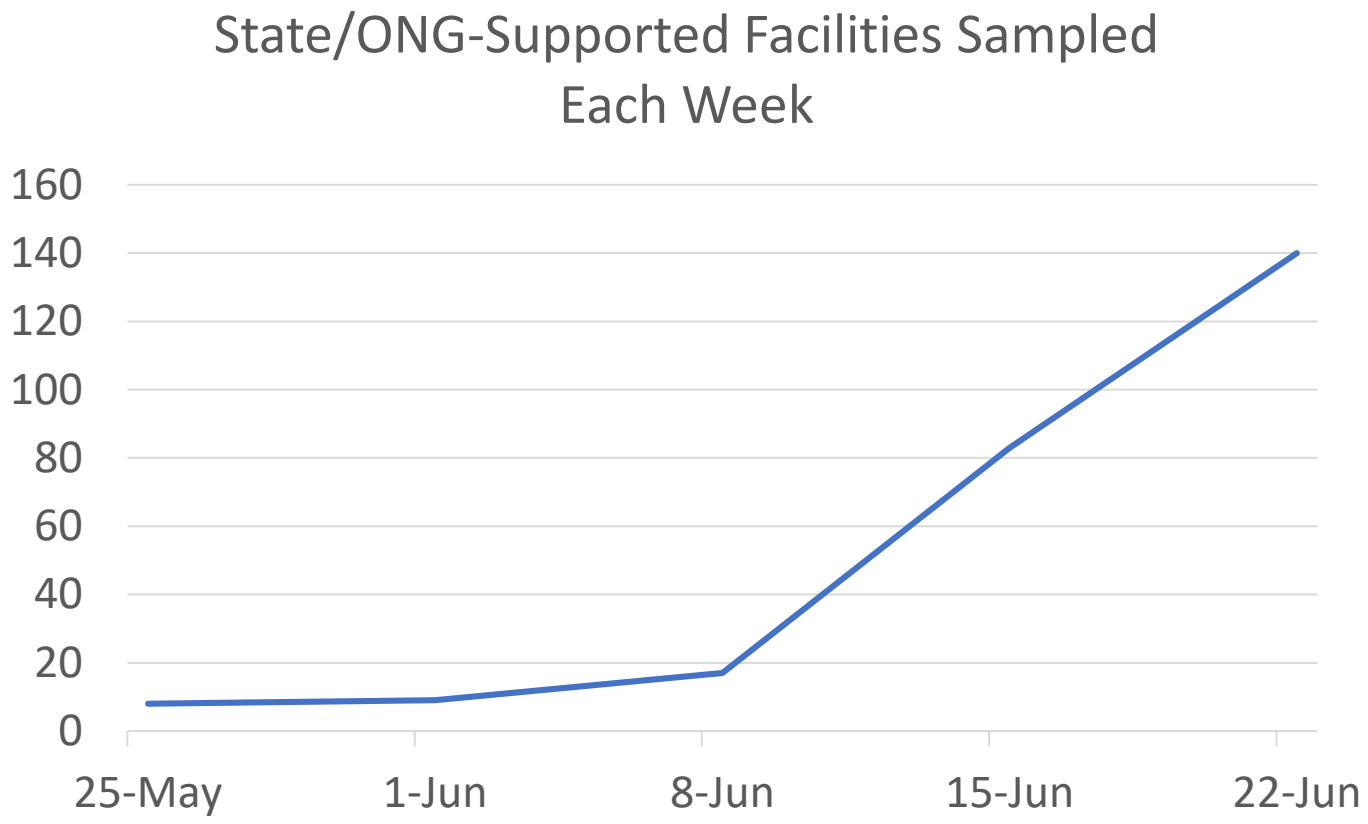
All dates are based when an indicator is reported and will not match data in other COVID-19 dashboards provided by the Ohio Department of Health. All other dashboards are based on onset date, date of hospitalization, or date of death.



R(t) calculations are for case onset dates up to and including June 7th.
Last updated June 16th.

Current Status of Testing in Nursing Homes

- State/ONG-Supported Projections for 6/26:
  - Over 250 facilities
  - Over 25,000 staff
  - Over 500 residents
- Facilities that are testing without State Support:
  - To date, approximately 50 facilities have opted out because they have or plan to conduct testing on their own



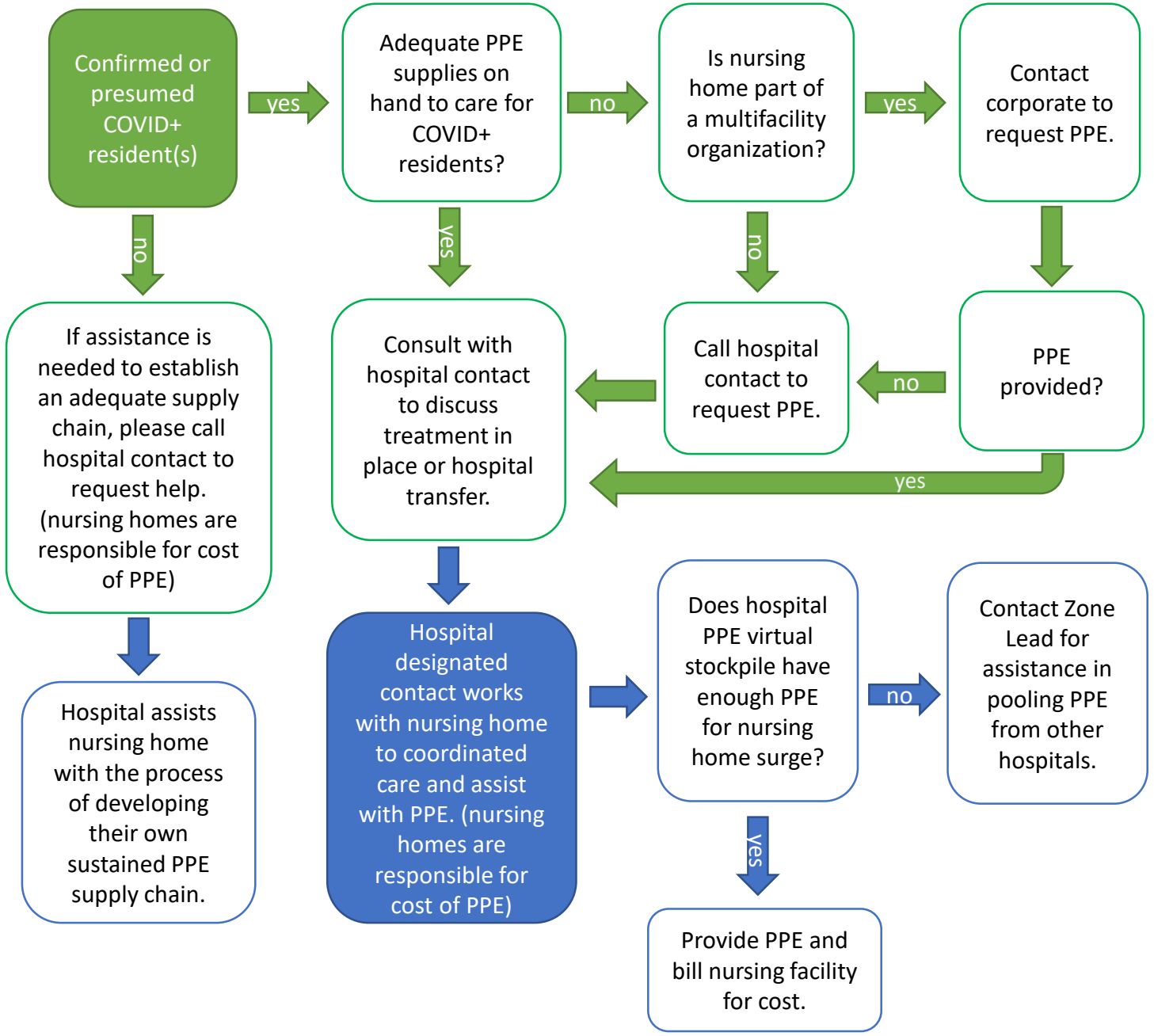
Personal Protective Equipment (PPE)

- The state's focus on PPE procurement, innovative production, newly adopted re-sterilization techniques, and supply conservation efforts has stabilized PPE supplies in some settings.
- The availability of PPE continues to vary by zone/region and type of setting.
- While the supply chain remains uncertain, tracking systems have been deployed to monitor inventory levels, condition and availability across hospitals and many congregate care facilities.

WILL BE CONDUCTING A ROUND OF PPE SURVEYING THIS WEEK

Statewide PPE Stockpile

- ODH, in partnership with Ohio's hospitals and other providers, will establish a virtual stockpile of PPE for use with COVID-19 patients and health care workers.
- Will ensure a reliable PPE supply in the event of a surge of COVID-19 patients.
- The virtual stockpile is not intended to replace each provider's responsibility to procure PPE and other supplies for their organizations for non-urgent diagnostic services or procedures.
- All providers are urged to take all reasonable efforts to both conserve and responsibly procure and manage their PPE supplies for all (COVID and non-COVID) patients.
- Providers in specialties or practice settings that may not experience COVID-19 patient surges will must be situationally aware of statewide PPE, supplies, equipment, and medicine needs and be prepared to contribute as necessary.


Confirmed or presumed COVID+ resident(s)
yes
Adequate PPE supplies on hand to care for COVID+ residents?
no
Is nursing home part of a multifacility organization?
yes
Contact corporate to request PPE.
no
If assistance is needed to establish an adequate supply chain, please call hospital contact to request help. (nursing homes are responsible for cost of PPE)
Hospital assists nursing home with the process of developing their own sustained PPE supply chain.
yes
Consult with hospital contact to discuss treatment in place or hospital transfer.
no
Call hospital contact to request PPE.
no
PPE provided?
yes
Hospital designated contact works with nursing home to coordinated care and assist with PPE. (nursing homes are responsible for cost of PPE)
Does hospital PPE virtual stockpile have enough PPE for nursing home surge?
no
Contact Zone Lead for assistance in pooling PPE from other hospitals.
yes
Provide PPE and bill nursing facility for cost.

Nursing Home Testing

Guiding Principles, Guidelines, Processes, Tips, and Frequently Asked Questions

Mary Applegate, Medical Director, Ohio Department of Medicaid
Heather Coglianese, Deputy Legal Counsel, Ohio Department of Medicaid
Marisa Weisel, Deputy Director of Strategic Initiatives, Ohio Department of Medicaid

Ohio's COVID-19 Testing Priorities

Priority 1	Ohioans with symptoms: Individuals who are hospitalized and healthcare personnel.

Priority 2	People at highest risk of complications from COVID-19 and those who provide essential public services.
	• **With Symptoms:**
	  • Residents of LTC/congregate living settings
	  • 65 and older
	  • People with underlying conditions, including consideration for racial & ethnic minorities
	  • First responders/public health workers/critical infrastructure workers
	• **Without symptoms** who are residents or staff directly exposed, LTC/Congregate care living setting
	• **Other Ohioans who are designated by public health officials to manage community outbreak**

Priority 3	Ohioans with and without symptoms who are receiving essential surgeries/procedures and other medically necessary procedures.
Priority 4	Individuals in the community to decrease community spread, including those with symptoms who do not meet criteria above.
Priority 5	Asymptomatic individuals not mentioned above.

Director's Order for Testing Residents and Staff of Nursing Homes

- This action is being taken to protect residents and staff.
- Each nursing home shall require its employees to be tested in accordance with ODH Guidelines.
- Testing shall be conducted in accordance with ODH Guidelines.
- Nursing homes may be required to provide additional information.
- ODH will provide guidance to mitigate facility staffing shortages in the event staff who are positive are unable to work.
- This order takes into consideration and is intended to be consistent with resident rights.

State agency staff, the Ohio National Guard, and Hospital Zone Leadership are supporting nursing homes in meeting the requirements of the Order.

Director's Order Applicability

- Each nursing home licensed by the ODH or certified by the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services (CMS), or the Ohio Department of Medicaid (ODM) shall cooperate with the COVID-19 testing for staff and residents as required by ODH.
  - Each NF will cooperate with strategic testing of residents to prevent the spread of COVID-19 within a facility and a community.
  - Each NF will require all its employees to be tested.

Scope of Staff Testing is Based on Infection Control

The order requires NFs to ensure all employees are tested.

Beyond Employees:

- NFs must follow the infection control requirements set forth in regulations. These include developing a system of identifying and controlling the spread of communicable diseases among:
  - Contract and agency staff (including hospice staff, attending physicians, etc.)
  - Volunteers
  - Private caregivers.
- As part of its infection control activities, the facility may encourage or require these types of individuals who are not employees to participate in the facility's testing plan or obtain and verify their testing status.

Meeting Requirements of the Order

Facilities can meet requirements for staff testing by:

- Participating in state-scheduled / ONG testing using the process described in this webinar, or
- Conducting testing without state/ONG support – more about this later

The facility should maintain a complete ongoing list of individual-level resident and staff COVID-19 test results for compliance purposes.

- Upon ODH request, a compiled list of staff and resident individual-level data must be made immediately available spreadsheet format.

Overview of Staff Testing with State / ONG Support

The state team, zone leadership, and ONG are:

- Coordinating resources, including lab testing capacity across lab sites.
- Identifying facilities to be tested and coordinate the scheduling of testing.
- Communicating with facilities, labs, local health departments (LHDs); hospital zone and local hospital partners, and regional health care coordinators.
- Providing technical assistance and support to facilities from beginning to end of the benchmark testing process.
- Providing additional guidance for facilities to ensure access to testing for residents through local health departments.

Congregate Care Unified Response Team (CCURT)

The DeWine Administration created a multi-agency, multi-discipline response team, the Congregate Care Unified Response Team (CCURT) to coordinate COVID-19 testing in congregate care environments and provide technical assistance and support to facilities during the pandemic.

Our collective goal is to save lives, to slow the spread of the virus and to provide clinically driven approaches through collaboration with facilities and community

- **Unified Response Teams (URTs):** teams of state staff accompany facilities through the testing, resulting, and aftercare processes. A Contact Administrator (CA) from a URT will contact facilities prior to testing, coordinate with other state and local partners and remain a contact person throughout the testing process. Three teams are being led by:
  - Zone 1: James Hodge
  - Zone 2: Rebecca Sandholdt
  - Zone 3: Julie Evers
- **Bridge team:** working with the URTs, this team assists facilities to address urgent needs.
- **Lab team:** coordinates with ODH and other state-supported labs. By working with all of Ohio's testing labs and monitoring Ohio's lab testing capacity, an efficient schedule for testing can be managed and adjusted to provide an appropriate cadence of testing.
- **Local health department liaisons:** state staff who work with the LHDs for overall communication, testing and contact tracing

The Ohio National Guard (ONG) is assisting with swabbing for COVID-19 tests.

MIKE DEWINE
GOVERNOR OF OHIO

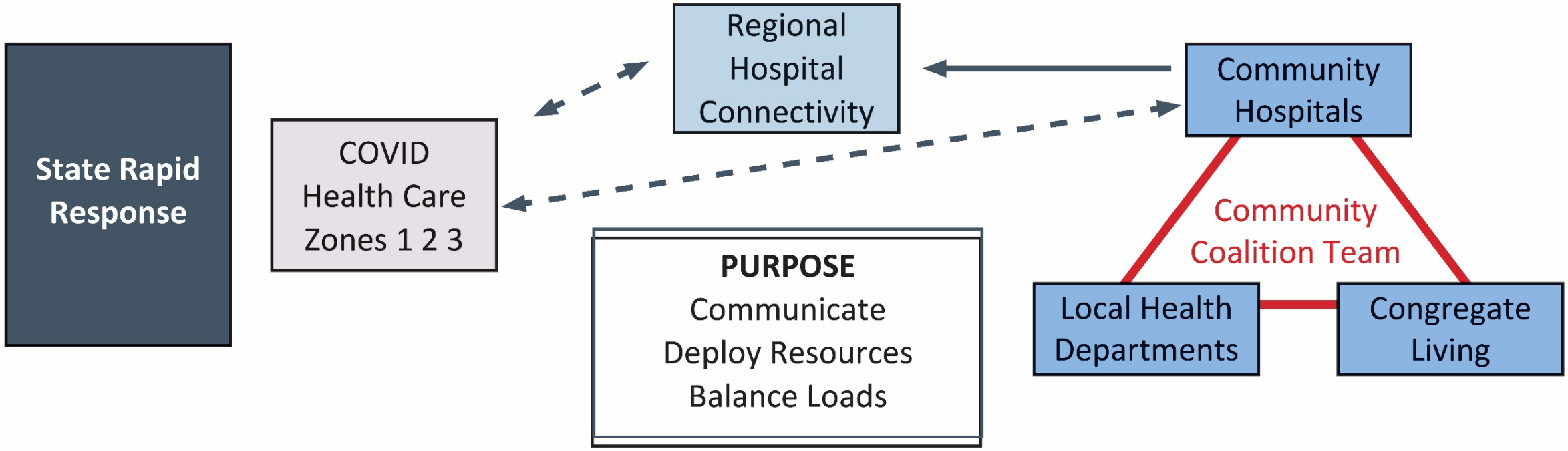
Ohio Department of Health

Ohio COVID-19 Region Map

Zone 1 = Regions 1, 2, 5
Zone 2 = Regions 4, 7, 8
Zone 3 = Regions 3, 6

[Downloadable Map]

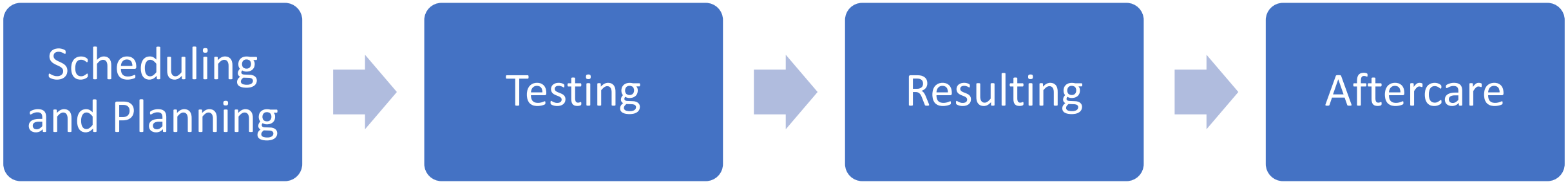
Local-Regional-Zone-State Connectivity



Important Notes on Resident Testing

- Nursing Facilities should immediately notify their LHD if staff or residents develop symptoms.
  - Detailed guidance regarding caring for individuals with COVID-19 within congregate care settings can be found in the LTSS Toolkit.
- The ONG may also assist with strategic resident testing.
  - Testing for widespread COVID-19 outbreaks
  - Testing residents who may have been exposed to staff or other residents who have tested positive for COVID-19
  - Indicate number in your survey or reach out to CCURT@odh.ohio.gov to request resident testing on the day of your scheduled ONG staff testing visit.

Process Overview



Scheduling and Planning Overview

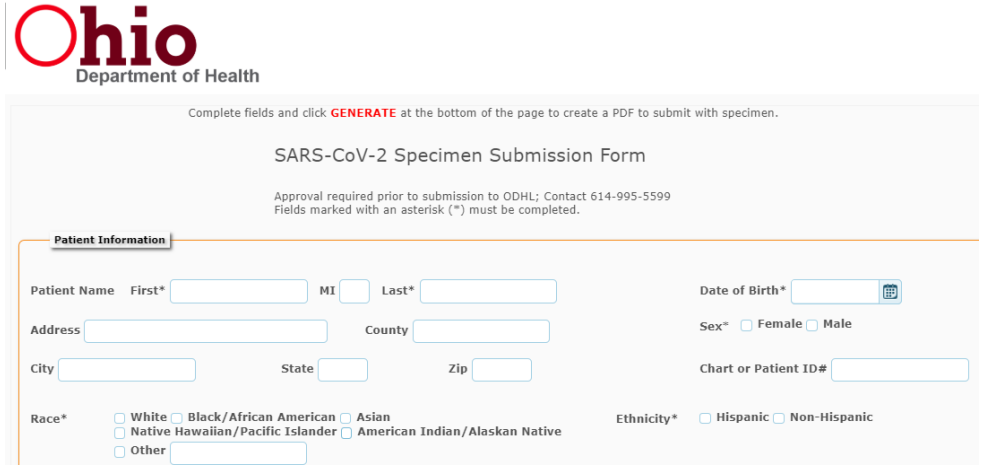
- Facility Identification & Notification
- Survey
- Webinar
- Initial ONG Outreach & Scheduling
- Lab Orders
- Logistics Confirmation

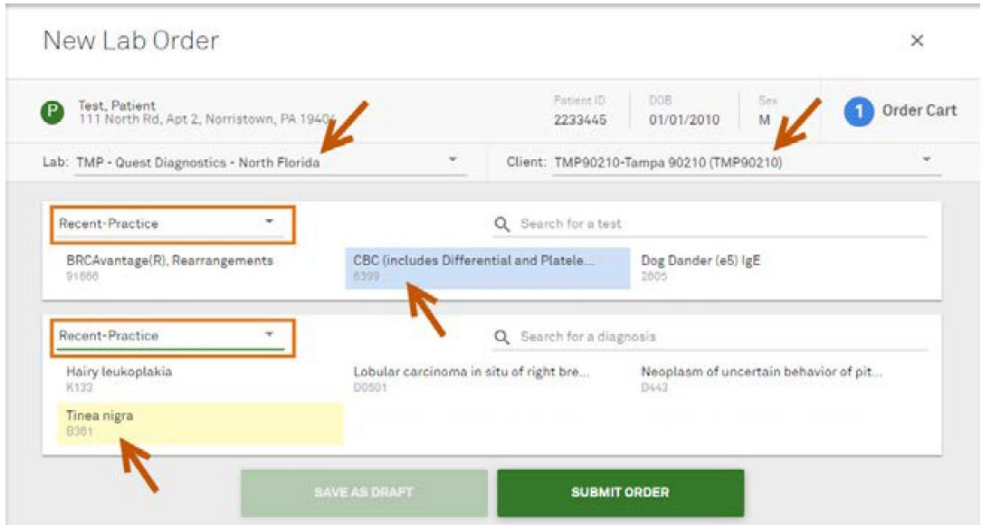
Ordering COVID-19 Tests

- COVID-19 tests for screening and diagnostic purposes must be ordered by a physician or other appropriate medical professional acting under their scope of practice.
- Physicians and other clinicians who order tests for residents and employees / staff will act within an appropriate standard of care.
- Testing can be ordered by the medical director at the facility, an advance practice nurse, or another appropriate clinician from a testing team, a hospital partnership, or other arrangement.
- The facility's medical director has responsibility for infection control and health surveillance, including for facility staff. The medical director can order testing for all staff in accordance with the Public Health Order and Ohio State Medical Board regulations. O.A.C. 3701-17-13(A)(1)(b)(5).

Lab Requisition Processes

- Process & forms based on where your samples will be sent:
  - ODH portal & universal requisition form for nearly all state-supported labs – ODH will outreach to set up access
  - Commercial lab online portal – lab will outreach with your client number and steps to access the online system
- Order forms must be completed electronically – ALL fields must be completed, including insurance
- Maintain records of medical orders
- Use staff HOME address, not the address of the NF. This is important for LHD follow up and contact tracing.





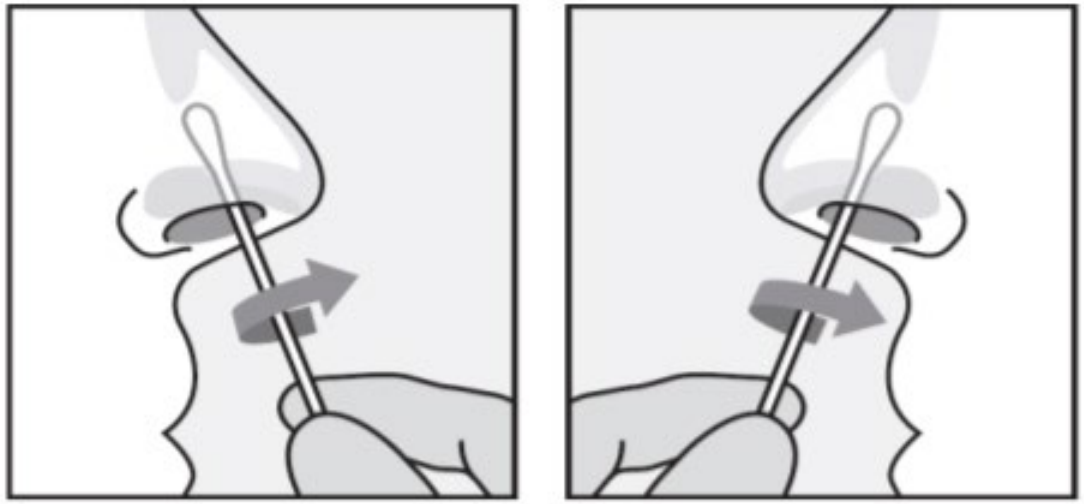
Testing Overview

- While onsite, the ONG will swab approximately 50 individuals per hour. They also need an hour for set-up and tear-down.
- All testing will occur inside the facility, the ONG will use PPE appropriately.
- The facility will need to provide staff to escort ONG teams.
- Prior to swabbing, ONG will verify completion of information on each lab form.
- The ONG will have extra tests to swab residents who are experiencing symptoms or may have been exposed to COVID-19.
- The ONG will take/send test kits to the pre-identified laboratory.
- The NF has responsibility to ensure all staff who miss testing day are tested
  - See Ohio's map of testing sites, including private companies and community health centers.

Specimen Collection

ONG will always collect Anterior Nares (AN) specimen

- CDC Guideline: Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nostril (naris) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds. Sample both nostrils with same swab.
- May use a long swab or short swab



Resulting Overview

- While awaiting results
  - Asymptomatic staff can continue to work.
  - Continue COVID-19 infection control precautions.
    - Wear appropriate PPE.
    - Continue daily temperature and symptoms checks, mask-wearing and hand washing
  - Monitor residents, alert LHD if testing is needed.
  - Monitor staff, if they become symptomatic, they will ideally isolate at home.
- Sending of results
  - Test lab sends individual-level positive and negative resident and staff results back to facility
    - This may be by individual fax or through an online portal
  - Lab will report to ODH
    - Individual-level positives
    - Aggregate negatives

Aftercare Overview

- Reacting to results
  - If staff are negative:
    - Continue COVID-19 infection control and PPE precautions.
    - Continue daily temperature and symptoms monitoring, face mask wearing and hand washing.
  - If facility becomes aware of positive staff results, implement ODH Contingency and Crisis Facility Staffing Guidance
- CCURT Bridge Team. Tiers:
  1. Resource listing, various types of expertise
  2. Pool of staff, includes some pre-vetting
  3. Enhanced staff availability for critical situations

  Tiers 1 & 2 will be paid for by the NF, similar to normal staffing
- Contact Tracing

Covid-19 Test Status		Staff Symptoms		Staff Exposure (by Contact Tracing)		Infection Control Guidance	Return to Work (RTW) Guidance	Subject to Staff Mitigation Tier
Test		Symptoms		Exposed				
+		+		N/A		**Isolation* x 10 days (10/3/3 rule)**	**After 10 days from date of first symptoms (10/3/3 rule)**	3
+			-	N/A		**Isolation* x 10 days from date + test collected**	**After 10 days from date + test collected**	3
	-	+		+		**Begin quarantine* x 14 days** from date of last known exposure; Self-monitor **Arrange for medical evaluation** for potential alternate diagnosis/ symptom management **Consider a repeat test in 5 days**, particularly if symptoms persist or are not explained by another diagnosis	**After 14 days of quarantine** (if no repeat testing done) **If repeat testing done:** • If test negative, may RTW when symptoms resolved per HR policies (as for non-COVID conditions) • If test positive, RTW 10 days from date of first symptoms (10/3/3 rule) • Mask for 14 days from first symptoms (during breaks, etc, to protect other employees)	3
	-	+			-	**Quarantine-like monitoring* x 10 days from date of first symptom**; Self-monitor **Arrange for medical evaluation** for potential alternate diagnosis/symptom management **Consider a repeat test in 5 days**, particularly if symptoms persist or are not explained by another diagnosis	**After 10 days of quarantine-like monitoring** (if no repeat testing done) **If repeat testing done:** • If test negative, may RTW when symptoms resolved per HR policies (as for non-COVID conditions) • If test positive, RTW 10 days from date of first symptoms (10/3/3 rule) • Mask for 14 days from first symptoms (during breaks, etc, to protect other employees)	3
	-		-	+		**Quarantine x 14 days, but may work if remains asymptomatic**	Follow policies for universal employee screening and mask use and diligent handwashing Mask for 14 days after exposure event (during breaks, etc, to protect other employees)	2
	-		-		-	**No quarantine required**	Follow policies for universal employee screening and mask use and diligent handwashing	1

Note: Asypmtomatic personnel may work while awaiting test results. Repeat testing assesses if first test was a false negative or done during incubation period. This guidance is relevant for all Health Care Personnel and potentially exposed staff and individuals not directly involved in patient care e.g. (clerical, food & laundry service) as described by cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

Please note: Potential exposures can occur when personnel come within 6 feet of an infected person for at least 15 minutes or during performance of an aerosol-generating procedure or from direct contact with infectious secretions while not wearing recommended PPE.

Residents with Positive Results

- Residents who are asymptomatic or have mild symptoms should continue to receive care in place when clinically appropriate.
  - Detailed guidance regarding caring for individuals with COVID-19 within congregate care settings can be found in the LTSS Toolkit.
  - Facilities should have a plan in place on cohorting infected residents. (e.g., before they test they need to know how they will deal with test results).
  - If possible, cohort residents in 3 groups: infected, exposed/quarantined or unexposed/unaffected residents. The facilities should also have a plan in place to ensure symptomatic staff are isolated and allowed to return to work when they are no longer infectious (10/3/3 rule).
  - Recommend cohorting staff as well (i.e., staff only work with one of 3 groups of residents: infected, exposed/quarantined or unexposed/unaffected residents). If this is not possible, staff should work from unaffected to exposed/quarantined to infected groups of residents (least to most impacted by COVID-19)
- The facility should follow ODH's Criteria for COVID-19 Positive Skilled Nursing Facility Patient Transfer and Admission to Acute Hospital if a higher level of care is needed.
- If a hospital level of care is not required and the facility determines it cannot meet the resident's needs at the location, the facility may also consider transferring residents who need to be isolated to a Health Care Isolation Center (HCIC).
- Follow ODH's Guidance for Discontinuing Transmission-Based Precautions.

Health Care Isolation Centers

	Quarantine Beds	Isolation Beds	Combined Beds
Zone 1	84	126	210
Zone 2			
Zone 3	13	67	80

Total of 12 HCICs approved

HCIC Update

Guidance to be posted

- *HCIC Overview*
- *Fact Sheet re: HCIC Billing*
- *FAQ*
- *Rule 5160-3-80*

Providers interested in becoming an HCIC for providing quarantine and/or isolation NF services: contact ODH at liccert@odh.ohio.gov

CCURT Technical Assistance Coordinators:

Zone 1:

- James.Hodge@odh.ohio.gov

Zone 2:

- Rebecca.Sandholdt@odh.ohio.gov

Zone 3:

- Julie.Evers@medicaid.ohio.gov

Hospital Technical Assistance Coordinators:

Zone 1:

- **Eric Beck ,DO, MPH** Eric.Beck@UHhospitals.org
- **Sean Cannone, DO** Sean.Cannone@UHhospitals.org
- **Alice Kim, MD** KIMA@ccf.org

Zone 2:

- **James Lawlor, DO** James.lawlor@osumc.edu
- **John Weigand, MD** jweigand@cog-med.com

Zone 3:

- **Richard Shonk, PhD** RShonk@healthcollab.org

Verification of Tests Conducted Without State/ONG Support

- Testing conducted without state support/ONG support will meet the requirements if both of the following conditions are met for each employee:
  - Tests were conducted on or after May 6, 2020 and **before July 17, 2020 (new).**
  - Lab tests performed were RT-PCR diagnostic tests.
- Facilities that do not participate in state/ONG testing must verify that they have met the requirements of the by sending a signed letter on the facility's letterhead to CCURT@odh.ohio.gov.
  - The letter must provide **summary-level** testing results for all staff.
  - **Please do not sent individual results.**
- Facilities with employees who miss ONG testing day must also send verification of completion of staff testing within 3 weeks of their testing day to CCURT@odh.ohio.gov.

Other FAQ

- **Staff who refuse testing:**
  - The Order states nursing facilities shall require its employees to be tested in accordance with ODH Guidelines.
  - Each licensed and/or certified nursing facility must follow the infection control requirements set forth in regulations. These include developing a system of identifying and controlling the spread of communicable diseases among staff, residents and volunteers and prohibiting staff with transmissible communicable diseases from being able to pass it to residents.
  - The facility's medical director is responsible for engaging in the health surveillance of the staff. These regulations may be enforced through the survey process.
  - We encourage Administrative leadership to educate and inform staff of the requirements and value of testing before arrival of the ONG.
- **Medical Director role and responsibility for orders**
  - See ordering slide
  - Warm handoff to usual source of care
- **Testing new hires**
  - The Order states nursing facilities shall require its employees to be tested
  - Forthcoming Guideline revision will include statement about new hires
- **Testing of contract, agency staff, including hospice:**
  - As part of its infection control activities, the facility may encourage or require these types of individuals who are not employees to participate in the facility's testing plan or obtain and verify their testing status
- **The role of antibody tests moving forward**

Survey & Certification Updates

Rebecca Sandholdt, Chief, Bureau of Survey and Certification, Ohio Department of Health

General Survey Updates

Focused Infection Control surveys

- Majority of providers are appropriately implementing infection control measures.
- Surveyors are verifying that facilities are working with LHDs and implementing recommendations appropriately.
- Immediate Jeopardy cited on a FIC at F880 so far in Ohio was related to systemic breakdowns in the facilities infection control procedures, lack of staff training and lack of supervision of staff to ensure staff were appropriately following infection control policies, and lack of infection tracking,
- Most citations have been based off of observations, not typically just a policy review.

Examples of citations

- Failure to use cleaning chemicals according to recommendations and staff not knowledgeable on use of the chemicals.
- Failure to implement quarantine or isolation procedures appropriately.
- Staff not utilizing PPE appropriately even when it is available.
- Staff not completing hand hygiene appropriately.
- Infection control concerns during meal tray delivery.
- Staff not using facemasks appropriately.
- Failure to implement social distancing with dining or smoking.
- Not screening staff or others entering building appropriately.

Survey Updates

- What % of providers are meeting the goal for the payment increase?
- Completed-Statement of Deficiencies 858 FICs to date
  - S/S: D - 3
  - S/S: E - 12
  - S/S: F - 18
  - S/S: J - 1
  - S/S: L - 1
- Restart of standard surveys for all providers will be a soft roll-out
- Plan for resuming standard surveys
  - Immediate Jeopardy or actual harm to residents
  - Revisit surveys to confirm the removal of the IJ
  - Focused infection control surveys Initial certification surveys
  - Facilities overdue for standard surveys w/history of non-compliance at G or higher
    - Abuse or Neglect
    - Infection Control
    - Transfer or Discharge Violations
    - Insufficient staffing
    - Other quality of care areas

Financing & Future Direction

Maureen Corcoran, Director, Ohio Department of Medicaid

Bridget Harrison, Assistant Policy Director, Office of Ohio Governor Mike DeWine

Julie Evers, Medicaid Health Services Administrator, Ohio Department of Medicaid

Infection Control Incentive Payments

- Incentive payments will be paid on the basis of Focused Infection Control Survey Results
  - No findings with a scope and severity greater than “D”
  - Findings with a scope and severity of “E” and “F” **and** a clean survey at the post-survey revisit
  - IDR results will not be considered
- Payments will be through a grant process
  - Outside the rate
  - Total payments of approximately $25 million
  - Calculated using April Medicaid days as available in MITS

Incentive Payment – Questions and Answers

- How can nursing homes complete the attestation required to receive the incentive
  - The criteria for the incentive payment have been simplified to focus solely on the infection control survey completed by the Ohio Department of Health. No attestation is required.
- Does the NF need to complete any steps following their infection control survey to receive payment?
  - The grant process is still under development.

Incentive Payment – Questions and Answers

- When can providers expect payment increases?
  - Payments are targeted for later this summer.
  - The payments are outside the rate; there will be no rate increases.
- Will April days be used?
  - Yes. April Medicaid days as recorded in MITS will be used.
- Will managed care days be included in the calculation?
  - Yes. Both fee-for-service and managed care Medicaid days will be included in the calculation.

Other Financing & Future

- **General Finance Questions**
- **Future Discussion: Retesting, post-baseline plans**
- **Other Closing Remarks**

Resources

- Ohio's Testing in Nursing Homes Website
- CCURT@ODH.OHIO.GOV
- www.coronavirus.ohio.gov