office of the governor of the commonwealth of virginia

GOVERNOR'S COVID-19 LONG-TERM CARE TASK FORCE

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May 20, 2021

Welcome and Housekeeping Items

- Please mute your phone (do NOT put us on hold) if you are not speaking
- We prefer to take questions/comments at the end of each agenda item
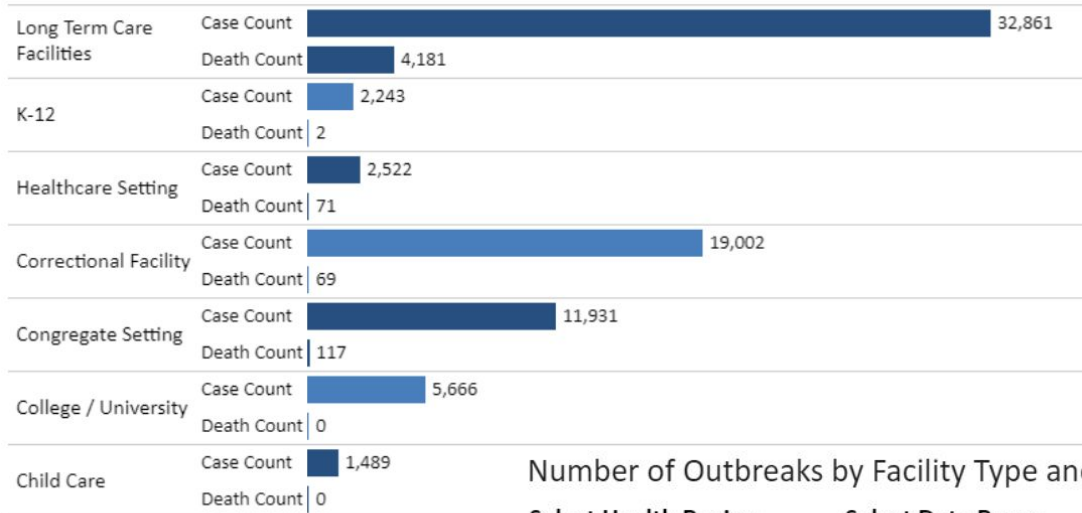   - Feel free to utilize the chat box

McKnight Prize

The CDC Foundation and the Evelyn and Thomas McKnight Family Fund for Patient Safety are proud to announce **the 2021 McKnight Prize for Healthcare Outbreak Heroes is being awarded to all frontline nursing home staff in the United States** for the heroism and bravery exercised during the COVID-19 pandemic. The award recognizes those who serve and protect patients from harm related to healthcare outbreaks. **Please help spread the word!** More information is available here: The CDC Foundation Recognizes All Frontline Nursing Home Staff In the U.S. With The 2021 McKnight Prize For Healthcare Outbreak Heroes | CDC Foundation.

Overview of Agenda

- Data Update
- Updated Infection Control Recommendations Recap
- Testing Check-In
- CARES Act Updates
- Staffing Check-In
- Vaccination Check-In
- CMS COVID-19 Vaccine Immunization Requirements for Residents and Staff
- PPE Check-In
- Behavioral Health Facility Check-In
- Long-Term Care Wellness Advisory Committee Update
- Long-Term Care Support Moving Forward
- Discussion

COVID-19 Cases in LTCFs and Non-LTCFs Over Time

Cases and Deaths by Outbreak Facility Type - State Totals

Facility Type	Metric	Value
Long Term Care Facilities	Case Count	32,861
	Death Count	4,181
K-12	Case Count	2,243
	Death Count	2
Healthcare Setting	Case Count	2,522
	Death Count	71
Correctional Facility	Case Count	19,002
	Death Count	69
Congregate Setting	Case Count	11,931
	Death Count	117
College / University	Case Count	5,666
	Death Count	0
Child Care	Case Count	1,489
	Death Count	0

Number of Outbreaks by Facility Type and Date VDH Notified

Select Health Region: (All)

Select Date Range: 26 Weeks

Graph includes current week which is incomplete

Long Term Care Facilities: 25, 28, 29, 51, 34, 23, 32, 31, 40, 38, 32, 20, 22, 12, 16, 14, 5, 7, 7, 5, 9, 14, 7, 7, 4, 2

COVID-19 Burden in Virginia LTCFs

Outbreaks in Virginia LTCFs have accounted for 30% of total COVID-19 outbreaks.

|	LTCF Cases	LTCF Deaths
Outbreak-associated[*]	43% total cases	94% total deaths
Total Statewide[^]	4% total cases	36% total deaths

LTCF = nursing homes, ALFs, multicare, group homes, behavioral health residential facilities

[*]Data from VEDSS and VOSS; outbreak data are updated daily on the VDH website

[^]Data are from VEDSS only; statewide denominator data are updated daily on the VDH website but the LTCF data are not available publicly

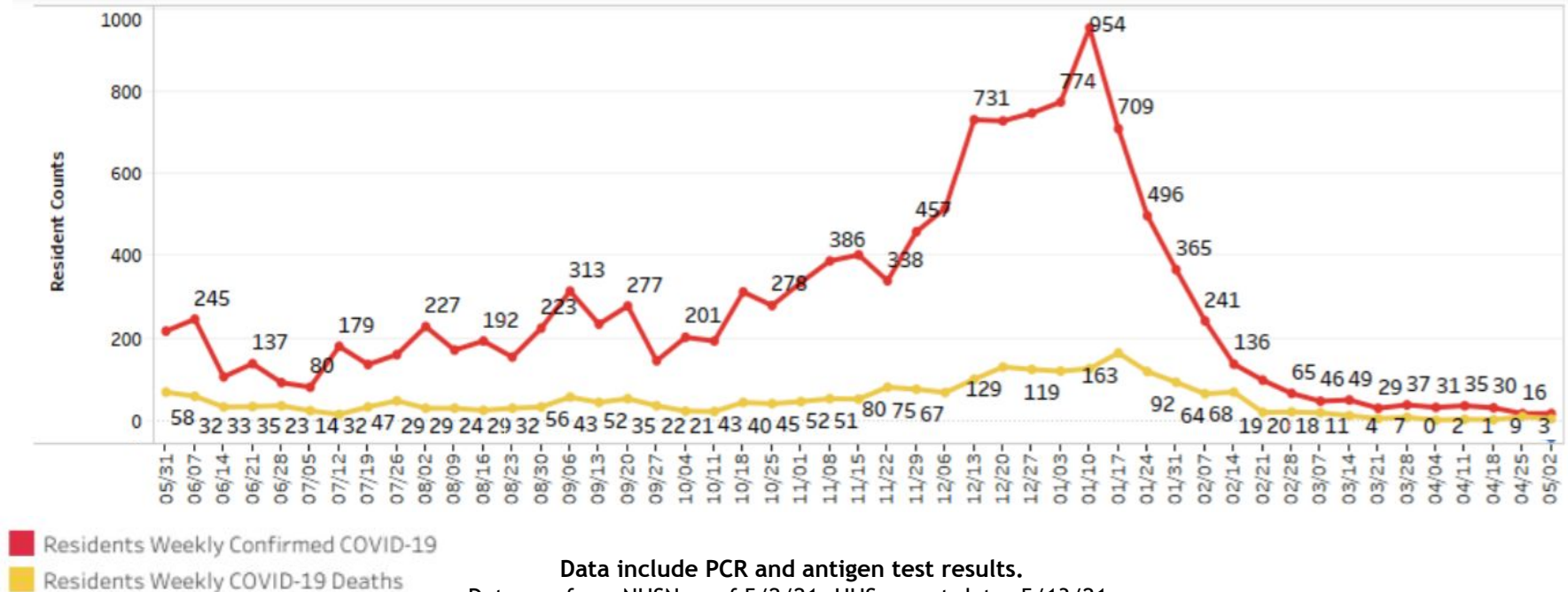# Trend: Number and Region of LTCF COVID-19 Outbreaks
by date VDH notified; includes nursing homes and ALFs
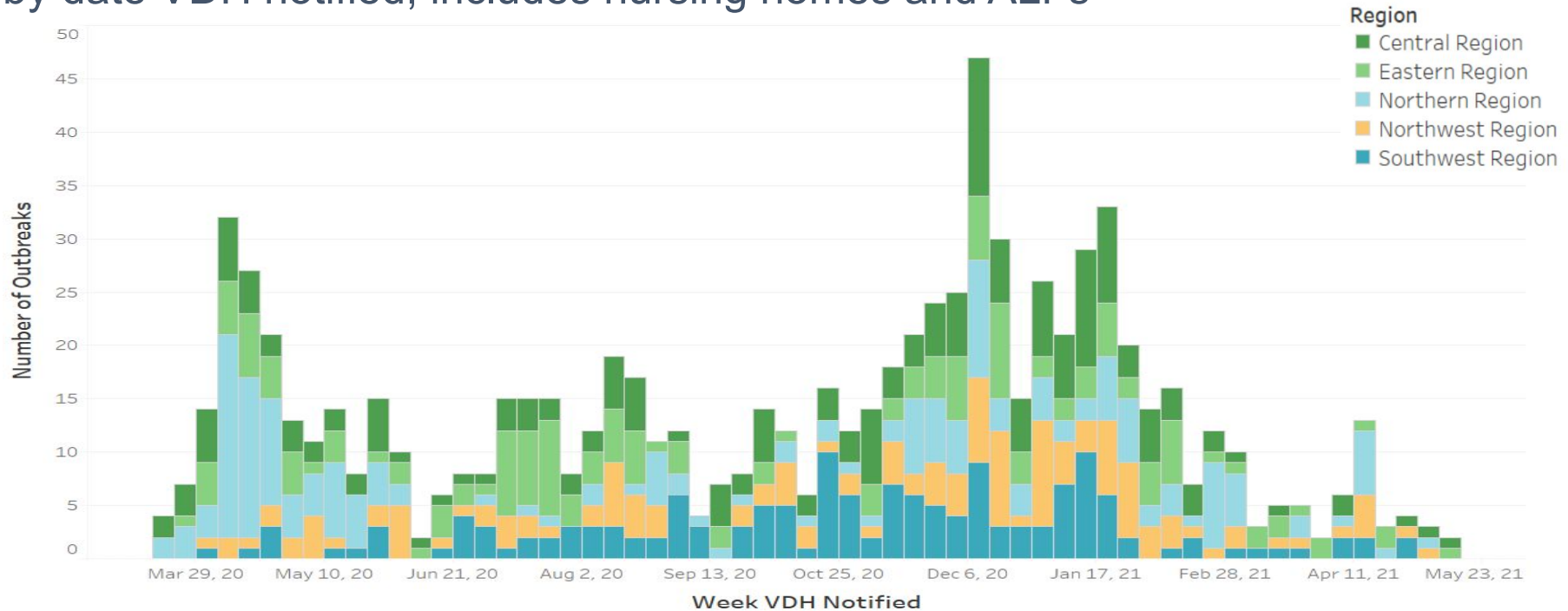
When increases of COVID-19 are seen in the community, increases in outbreaks are seen in LTCFs

(Updated 5/15/2021)
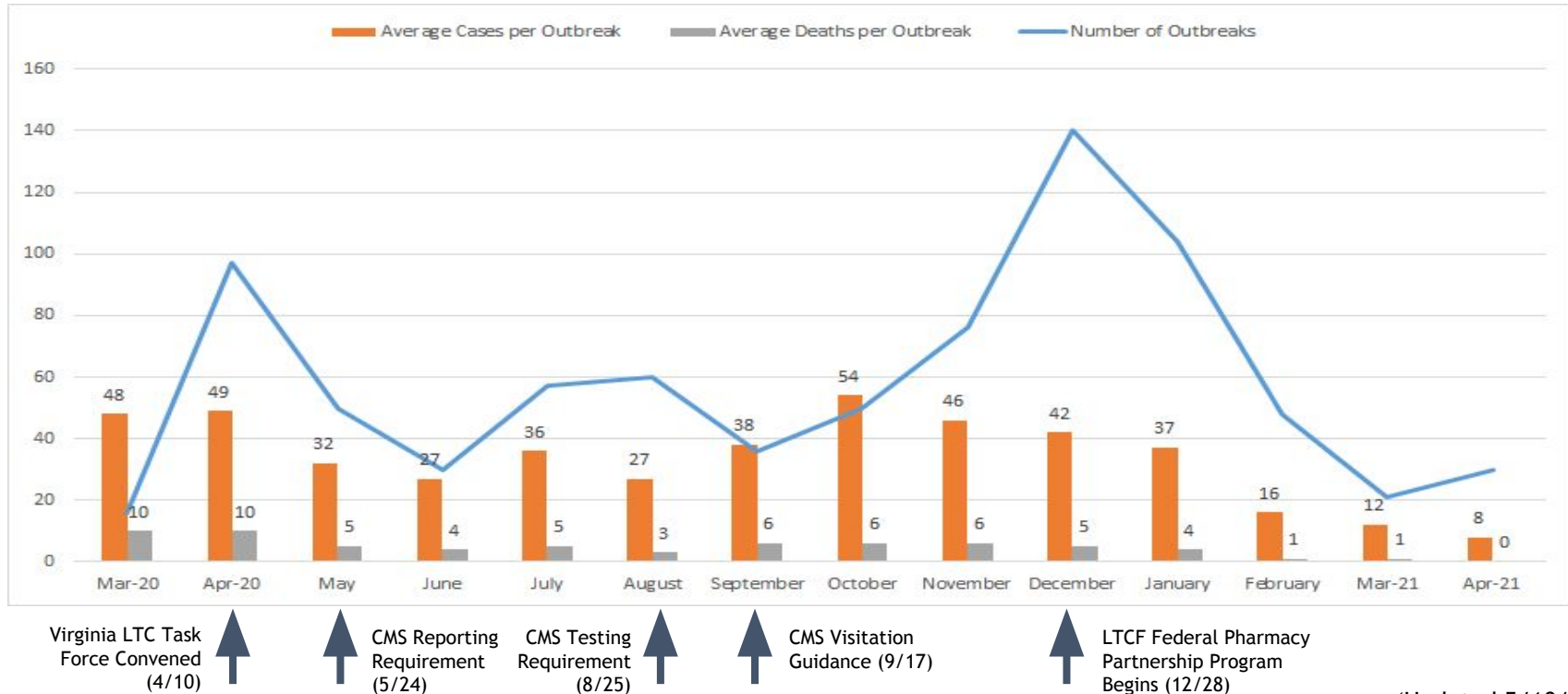
Nursing Home Resident COVID-19 Counts

Data include PCR and antigen test results.
Data are from NHSN as of 5/2/21. HHS report date: 5/13/21.
Please note that the last week of reported data is provisional and may fluctuate;
therefore the last reporting week is excluded from trend lines.

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COVID-19 Outbreaks in Long-Term Care Facilities*^†

Virginia LTC Task Force Convened (4/10)

CMS Reporting Requirement (5/24)

CMS Testing Requirement (8/25)

CMS Visitation Guidance (9/17)
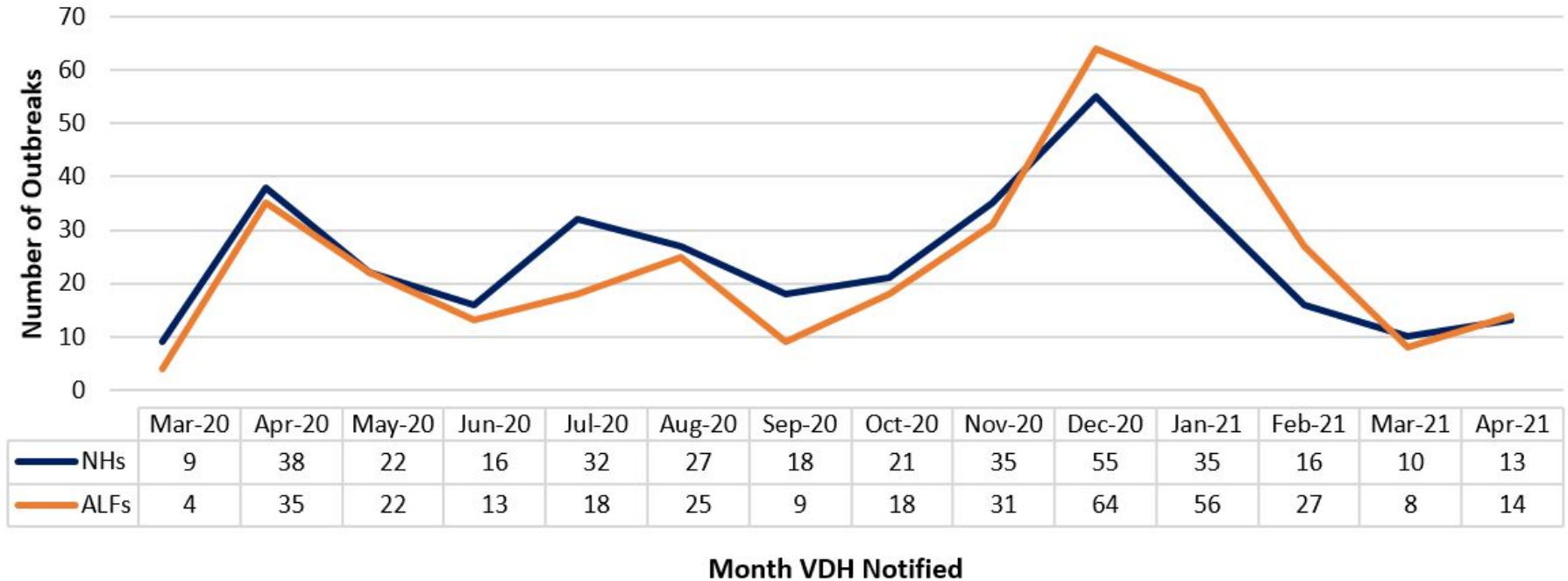
LTCF Federal Pharmacy Partnership Program Begins (12/28)

(Updated 5/10/2021)

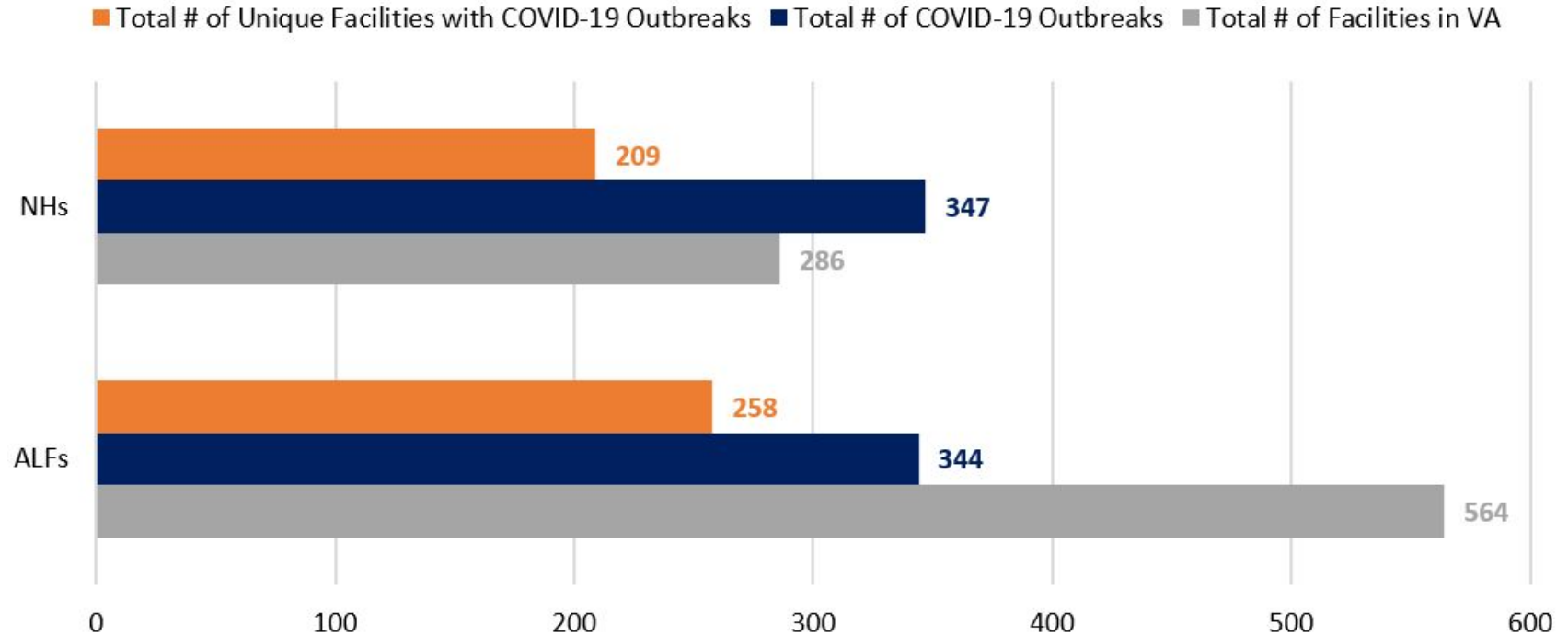*Long-term care facility includes assisted living facilities, multicare facilities, and nursing homes
^Data from VOSS and VEDSS are subject to change
†Months are from the date that VDH was notified. Outbreaks may have occurred in previous months and were retroactively reported to VDH.
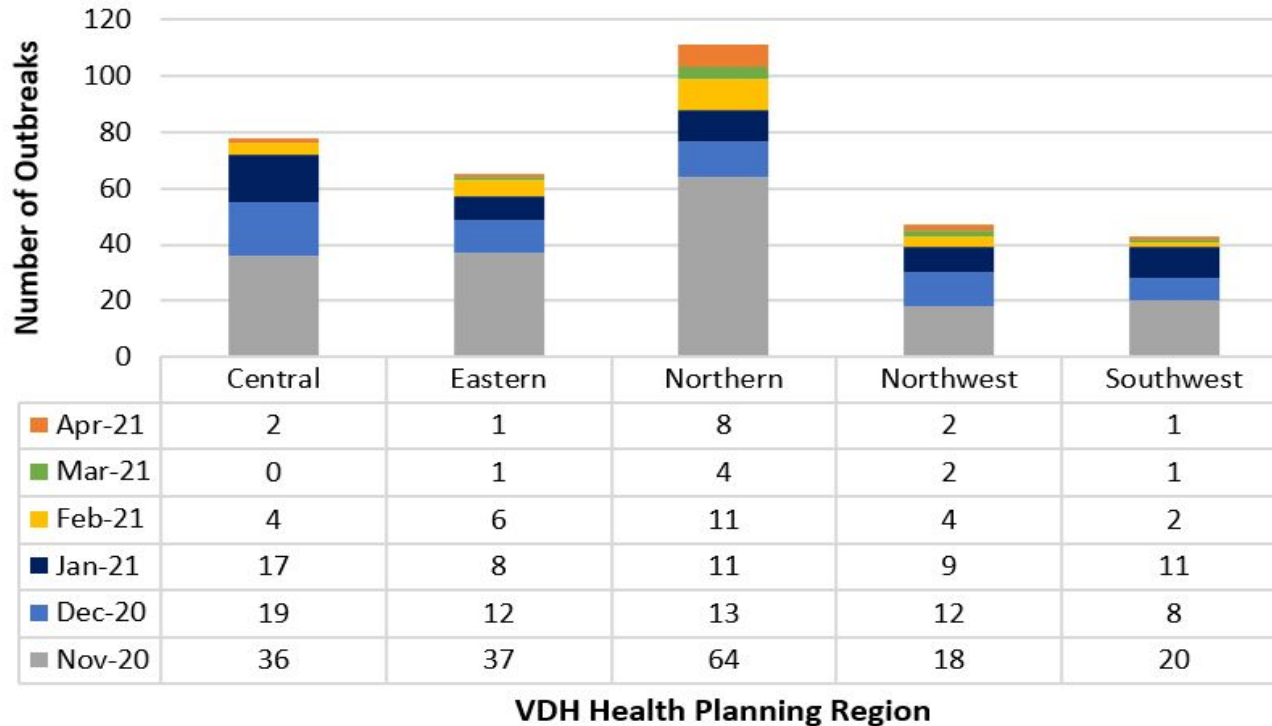
COVID-19 Outbreaks Reported in NHs vs. ALFs

Month VDH Notified	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
NHs	9	38	22	16	32	27	18	21	35	55	35	16	10	13
ALFs	4	35	22	13	18	25	9	18	31	64	56	27	8	14

(Updated 5/10/2021)

COVID-19 Outbreaks Reported in NHs vs. ALFs

■ Total # of Unique Facilities with COVID-19 Outbreaks ■ Total # of COVID-19 Outbreaks ■ Total # of Facilities in VA

New COVID-19 Outbreaks Reported in ALFs by Region

	Central	Eastern	Northern	Northwest	Southwest
■ Apr-21	2	1	8	2	1
■ Mar-21	0	1	4	2	1
■ Feb-21	4	6	11	4	2
■ Jan-21	17	8	11	9	11
■ Dec-20	19	12	13	12	8
■ Nov-20	36	37	64	18	20

VDH Health Planning Region

COVID-19 Cases and Deaths in LTCFs* by Race/Ethnicity^

N=28,255

	Asian or Pacific Islander	Black	Latino	Native American	Not Reported	Other Race	Two or more races	White
Cases with Reported Death	98	722	54	9	47	17	1	3,011
Cases w/o Reported Death	379	5,600	673	17	3,229	466	622	13,310
Case-Fatality Rate	20.5%	11.4%	7.4%	34.6%	1.4%	3.5%	0.2%	18.4%
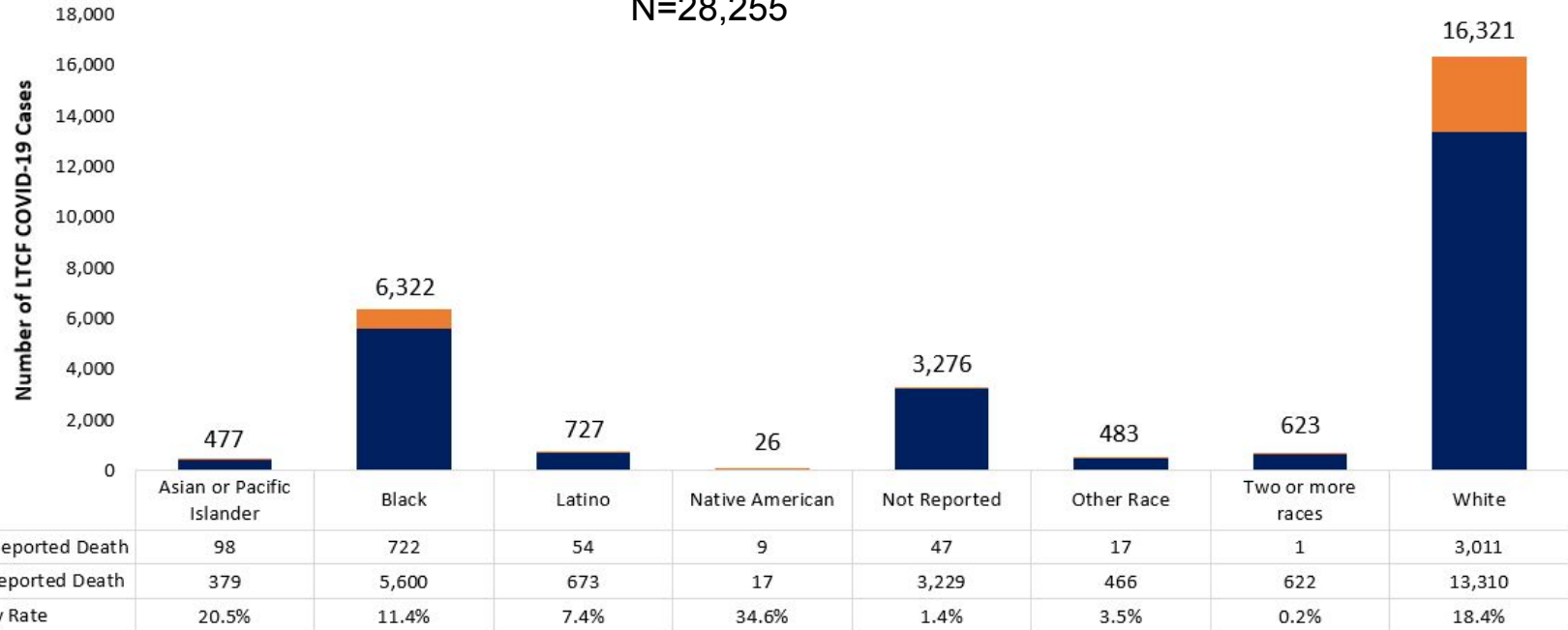
*Long-term care facility includes nursing homes, assisted living facilities, multicare facilities, group homes, and behavioral health residential facilities. Includes residents and staff.
^Data from VOSS and VEDSS are subject to change

Selected COVID-19 Dashboards

- [COVID-19 in Virginia Summary](#)
- [COVID-19 Outbreaks in Virginia](#)
- [COVID-19 Vaccine Summary](#)
- [COVID-19 Outbreaks by Setting](#)
- [COVID-19 Variants of Concern](#)
- [VDH PCR Test Positivity Rates](#)
- [VHHA COVID-19 in Virginia Licensed Nursing Facilities](#)
- [Equity in Action](#)
- [Equity at a Glance](#)

COVID-19 Burden in Nursing Homes by CMS Star Rating

- Analyzed data from nursing homes in Virginia to understand if CMS star rating was associated with COVID-19 burden
- CMS star rating was significantly associated ($p<0.05$) with:
  - Number of certified beds
    - Higher rating associated with **fewer** beds
  - Average daily census
    - Higher rating associated with **lower** average daily census
  - Average total nursing staff hours
    - Higher rating associated with **more** nursing staff hours
  - Staffing shortage reported into NHSN during the pandemic
    - Facilities with a 2 or 3 rating reported staffing shortages **less** frequently than others
  - Ownership type (for profit, non-profit, government)
    - Non-profit facilities were **more** frequently rated 4 or 5 compared to for-profit facilities
  - Facility percent of residents by race/ethnicity
    - Lower rated facilities had **higher** proportions of Black residents

COVID-19 Burden in Nursing Homes by CMS Star Rating

- Lower rated facilities had more resident cases and deaths
  - After adjusting for average daily census and community COVID-19 transmission rate:
    - Facilities with a 1 and 3 rating had significantly more resident cases compared to facilities with a 5 rating ($p < 0.05$)
    - Facilities with a 1 rating had significantly more COVID-19 related resident deaths compared to facilities with a CMS star rating of 5 ($p < 0.05$)
  - **Facilities with lower ratings may benefit from additional infection prevention and control resources**
- No significant differences in staff cases across the ratings
  - Community transmission rate was the most related to staff cases
  - Highlights importance of vaccinating staff before possible introduction of SARS-CoV-2 from the community into the facility

Infection Control Guidance Check-In

The Interim Public Health Recommendations for Fully Vaccinated People, posted May 13, 2021 found here, that fully vaccinated people no longer need to wear a mask or physically distance in any setting,

- **Do not apply to healthcare settings** - staff, patients, residents, and visitors should continue to wear masks as recommended in all healthcare facilities.

- **Healthcare settings** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

- Healthcare facilities should continue to refer to the Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination for recommendations regarding source control and physical distancing in healthcare settings.

Infection Control Guidance Check-In

Highlights from CDC's **Strategies for Optimizing the Supply of N95 Respirators**, updated Apr. 9, 2021
https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

- The supply and availability of NIOSH-approved respirators have increased.
- Once personal protective equipment (PPE) supplies and availability return to normal, healthcare facilities should promptly resume conventional practices.
- Conventional capacity (normal use) updates:
  - Extended use of N95 respirators as source control
  - Added language on the use of respirators with exhalation valves
- Contingency capacity (expected shortages) updates:
  - Added a strategy to prioritize respirators for HCP who are using them as PPE over those HCP who are only using them for source control
  - For extended use of N95 respirators as PPE, clarified that N95 respirators should be discarded immediately after being removed
- Crisis capacity (known shortage of N95 respirators) updates:
  - Removed strategy of using non-NIOSH approved respirators developed by manufacturers who are not NIOSH-approved holders
  - Highlighted that the number of reuses should be limited to no more than five uses (5 donnings) per device by the same HCP to ensure an adequate respirator performance
  - Removed decontamination of respirators as a strategy with limited re-use

Infection Control Guidance Check-In - cont'd

Highlights from CDC's, **Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**, updated 4/27/2021 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

- Guidance applies to all healthcare personnel (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting
- In general, healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing) when caring for fully vaccinated individuals with **an immunocompromising condition**.

- Four sections of updated recommendations:

1. Visitation:

- Physical distancing and source control recommendations when both the patient/resident and all of their visitors are fully vaccinated:
  - While alone in the patient/resident's room or the designated visitation room, patients/residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.
  - Visitors should wear source control and physically distance from other healthcare personnel and other patients/residents/visitors that are not part of their group at all other times while in the facility.
- Physical distancing and source control recommendations when either the patient/resident or any of their visitors are not fully vaccinated:
  - The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.

Infection Control Guidance Check-In - cont'd

Highlights from CDC's, **Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**, updated 4/27/2021 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

2. Communal Activities and Dining:

- If vaccination status cannot be determined, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing source control.
    - If all patients/residents participating in a group activity are fully vaccinated, they may choose to have close contact and to not wear source control during the activity.
    - If unvaccinated patients/residents are present, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others.

    - Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing.
    - If unvaccinated patients/residents are dining in a communal area (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others.

- Patients/residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces, and should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene.

- Healthcare Personnel:
    - In general, fully vaccinated HCP should continue to wear source control while at work. However, fully vaccinated HCP **could dine and socialize together in break rooms and conduct in- person meetings without source control or physical distancing.** If unvaccinated HCP are present, everyone should wear source control and unvaccinated HCP should physically distance from others.

Infection Control Guidance Check-In - cont'd

Highlights from CDC's, **Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**, updated 4/27/2021 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

3. **Work restriction for asymptomatic HCP and quarantine for asymptomatic patients/residents:**

- Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.
- HCP who have traveled should continue to follow CDC travel recommendations and requirements
- Fully vaccinated in-patients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions
- Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

Infection Control Guidance Check-In - cont'd

Highlights from CDC's, **Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**, updated 4/27/2021 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

4. **SARS-CoV-2 Testing:**

- **Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately.**
- Asymptomatic HCP with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.
  - People with SARS-CoV-2 <u>infection in the last 90 days</u> do not need to be tested if they remain asymptomatic, including those with a known contact.
- In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients (**regardless of vaccination status**) remain unchanged.
  - In <u>nursing homes</u> with an outbreak of SARS-CoV-2, HCP and residents, **regardless of vaccination status**, should have a viral test every 3-7 days until no new cases are identified for 14 days.
  - <u>Hospitals</u> and <u>dialysis</u> facilities with an outbreak of SARS-CoV-2 should follow current recommendations for viral testing potentially exposed HCP and patients, **regardless of vaccination status**.

Infection Control Guidance Check-In - cont'd

Highlights from CDC's, **Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**, updated 4/27/2021 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

4. **SARS-CoV-2 Testing, cont'd:**

- Expanded screening testing of asymptomatic HCP should be as follows:
    - Fully vaccinated HCP may be exempt from expanded screening testing. However, per recommendations above, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.
    - In nursing homes, unvaccinated HCP should continue expanded screening testing as previously recommended by CMS here.
    - For other healthcare facilities that are performing expanded screening testing for asymptomatic HCP who do not have a known exposure, vaccinated HCP can be excluded from such a testing program.

CMS Testing Guidance

On April 27, 2021, CMS issued revised interim final rule related to testing requirements for staff and residents QSO-20-38-NH

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, *vaccinated and unvaccinated*, with signs and symptoms must be tested	Residents, *vaccinated and unvaccinated*, with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, *vaccinated and unvaccinated*, that previously tested negative until no new cases are identified*	Test all residents, *vaccinated and unvaccinated*, that previously tested negative untilno new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

Routing testing of unvaccinated staff should be based on the extent of the virus in the community. **Fully vaccinated staff do not have to be routinely tested.**

COVID-19 Tests Conducted

Updated 5/12

Across the Commonwealth, an average of **21,650 tests (antigen and PCR) have been conducted per day** over the past seven days. The current 7-day average PCR tests per day is 14,589 and the 7-day average antigen tests per day is 6,289.

PCR Tests and Positivity Rate

- Daily PCR Tests (7-Day Average)
- PCR Positivity Rate (7-Day Average)

Goal = < 5% positivity rate
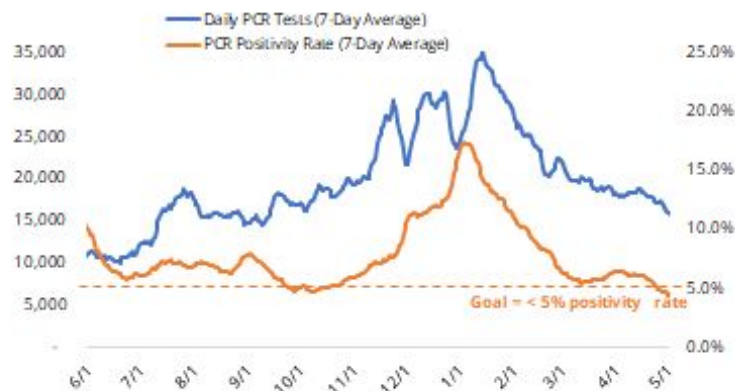
May Testing To Date

Tests conducted this month to date

102,126

PCR Tests

44,022

Antigen Tests

146,148

PCR + Antigen Tests

Across the Commonwealth, **146,148 tests (antigen and PCR) have been reported to** date in the month of May. Approximately 70% of those tests were PCR tests.

1. To account for delays in adding more recent data, a 3-day buffer is applied to lab data. The latest day of full data as of this report is 5/7.

Data source: VDH internal data

VDH VIRGINIA DEPARTMENT OF HEALTH   3

Covid-19 Testing Update

- Overall, testing in Commonwealth continues to decline -- currently, about 22,000 tests done per day

- Be sure to test ALL residents and/or staff who have symptoms consistent with Covid-19, regardless of vaccination status - breakthrough Covid-19 cases do occur

- For assisted living facilities, consider screening testing of unvaccinated residents and/or staff - this is a disease prevention strategy - multiple point of care tests available - all of these are CLIA-waived tests (see next two slides)

Self-administered point of care Covid-19 molecular tests as of 5/18/2021

| Manufacturer	Test brand name	Date of original FDA EUA	Type of test	Rx or non-Rx test	What type of sample needs to be collected	Age range for test	Link to most recent FDA EUA letter	Test indication	Can test be mailed to person's home?	Additional information
Lucira Health Inc.	Lucira CHECK-IT COVID-19 Test Kit	4/9/2021	molecular	non-Rx	anterior nasal turbinate swab	age ≥ 2	www.fda.gov/media/147492/download	with or without COVID-19 symptoms or epi reason to suspect COVID-19	yes	For more information about test or to order, see www.lucirahealth.com. Smartphone or smart device not needed for test. Result available between 11 and 30 minutes.
Cue Health Inc.	Cue COVID-19 Test for Home and Over the Counter (OTC) Use	3/5/2021	molecular	non-Rx	anterior nares swab	age ≥ 2	www.fda.gov/media/146467/download	with or without COVID-19 symptoms or epi reason to suspect COVID-19	unknown	For more information, see https://www.cuehealth.com/what-is-cue/how-cue-detects-COVID-19. Smartphone needed to download app and use test. See list of compatible smartphones at www.cuehealth.com. Result in about 20 min.
Lucira Health Inc.	Lucira COVID-19 All-In-One Test Kit	11/17/2020	molecular	Rx	anterior nasal turbinate swab	age ≥ 14	www.fda.gov/media/143810/download	individuals suspected of having COVID-19	no	For more information, see https://shop.lucirahealth.com/. Result available between 11 and 30 minutes.

-Lucira tests do not require a smartphone to perform test. However, if person wants an official test result, this can be sent to phone.

-Cue Health test does require a smartphone to perform test

Self-administered point of care Covid-19 antigen tests as of 5/18/2021

Manufacturer	Test brand name	Date of original FDA EUA	Type of test	Rx or non-Rx test	What type of sample needs to be collected	Age range for test	Link to most recent FDA EUA letter	Test indication	Can test be mailed to person's home?	Additional information
Abbott Diagnostics Scarborough Inc.	BinaxNOW COVID-19 Antigen Self Test	4/1/2021	serial antigen testing	non-Rx	anterior nares swab	age ≥ 2	www.fda.gov/media/147251/download	with or without COVID-19 symptoms or epi reason to suspect COVID-19	yes	For more information, see www.abbott.com/BinaxNOW-Test-NAVICA-App.html. Test available at CVS, Walmart, and other stores or online. Result available in 15 minutes.
Quidel Corp.	QuickVue At-Home OTC COVID-19 Test	3/31/2021	serial antigen testing	non-Rx	anterior nares swab	age ≥ 2	www.fda.gov/media/147247/download	with or without COVID-19 symptoms or epi reason to suspect COVID-19	unknown	For more information, see https://quickvueathome.com/. Result in 10 minutes. Will be available at Walgreens in near future.
Abbott Diagnostics Scarborough Inc.	BinaxNOW COVID-19 Ag Card 2 Home Test	3/31/2021	serial antigen testing	non-Rx	anterior nares swab	age ≥ 2	www.fda.gov/media/147256/download	with or without COVID-19 symptoms or epi reason to suspect COVID-19	unknown	Unclear if test currently available. Test uses telehealth proctor. Must have a smart device or computer. Result available in 15 minutes.
Quidel Corp.	QuickVue At-Home COVID-19 Test	3/1/2021	antigen	Rx	anterior nares swab	age ≥ 8	www.fda.gov/media/146309/download	within first 6 days after symptom onset	unknown	Unclear if test currently available. Result in 10 minutes.
Abbott Diagnostics Scarborough Inc.	BinaxNOW COVID-19 Ag Card Home Test	12/16/2020	antigen	Rx	anterior nares swab	age ≥ 4	www.fda.gov/media/144576/download	within first 7 days of symptom onset	yes	For more information, see www.abbott.com/BinaxNOW-Test-NAVICA-App.html. Available through www.emed.com. Uses telehealth proctor. Smart device or computer needed. Result in 15 minutes.
Ellume Limited	Ellume COVID-19 Home Test	12/15/2020	antigen	non-Rx	mid nasal turbinate swab	age ≥ 2	www.fda.gov/media/144457/download	with or without COVID-19 symptoms or epi reason to suspect COVID-19	yes	For more information, see www.ellumecovidtest.com. Available at CVS Pharmacy or www.cvs.com. Result in 15 minutes. Smartphone required as part of test.
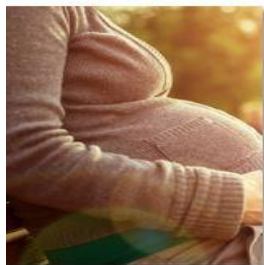
Long-Term Care Facilities (LTC)

Status: Program is winding down

- Myers & Stauffer (MSLC) completed their review of all invoices.
- DMAS made payments totaling $4.7 million to ALFs and NFs by mid-March. These payments went to 180 facilities.
- Item 479.10 of the 2021 Appropriations Act reduced available resources for the CRF funded long-term care project from $55.6 million to $10.3 million.
- DMAS paused payments to ensure sufficient funding would be available to pay remaining invoices.
- Final payments will be made the week of May 24, 2021 totaling $5.3 million to an additional 72 facilities (43 receiving first time payments).

Payments (As of 5/20/21):

	ALF	NF	Total
Payments Made	$ 2,770,271.22	$ 1,948,794.12	$ 4,719,065.34
Payments Processing Now	$ 790,456.35	$ 4,556,559.73	$ 5,347,016.08
Total	**$ 3,560,727.57**	**$ 6,505,353.85**	**$ 10,066,081.42**

DMAS

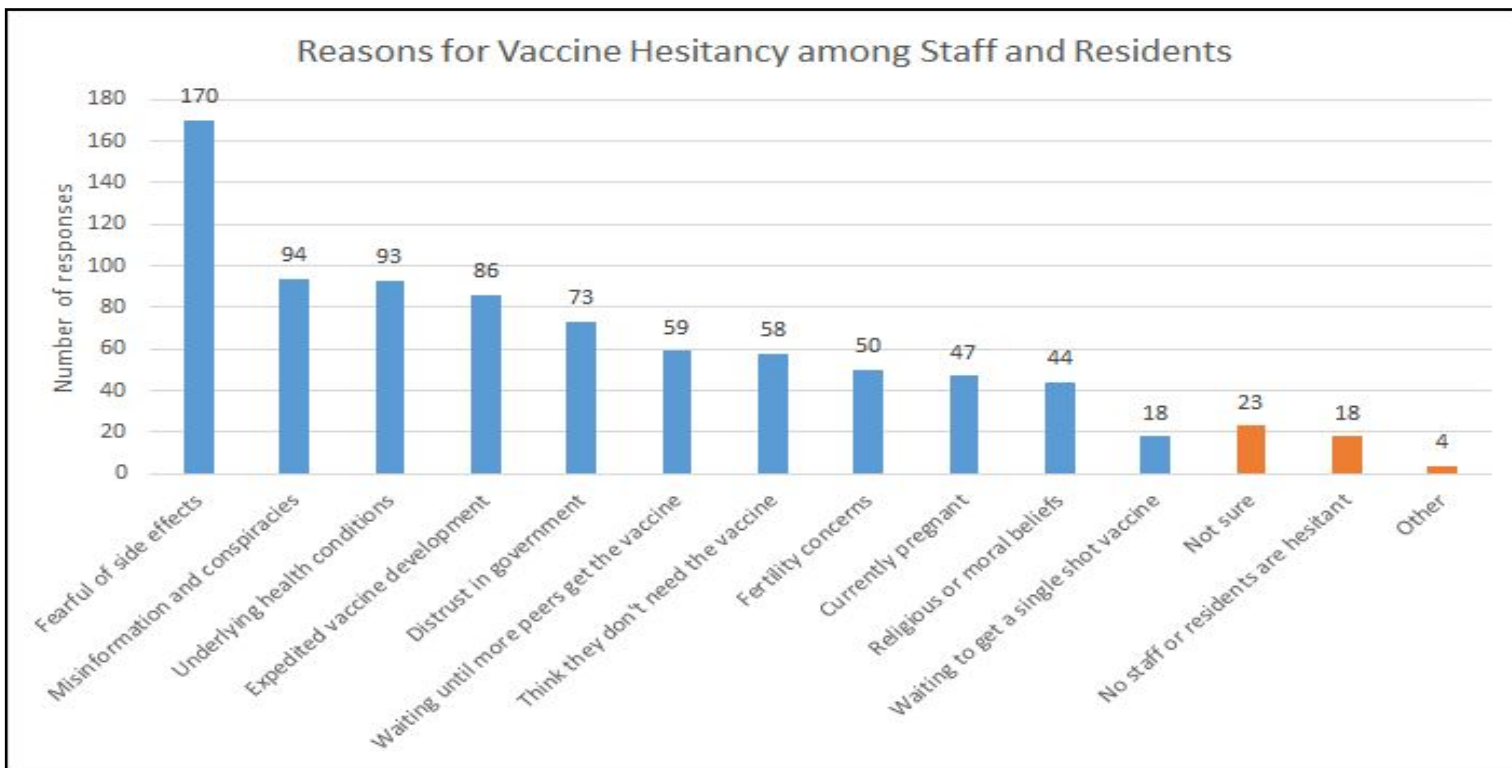# Staffing Needs Check-In

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COVID-19 Vaccination Update

- More than 300,000 doses were administered to staff and residents of long-term care facilities via the FPPP
- The LTC Bridge Program stood down completely on May 14, 2021
- The LTC Vaccine toolkit has been distributed to the facilities to refer to if they need additional COVID-19 vaccine
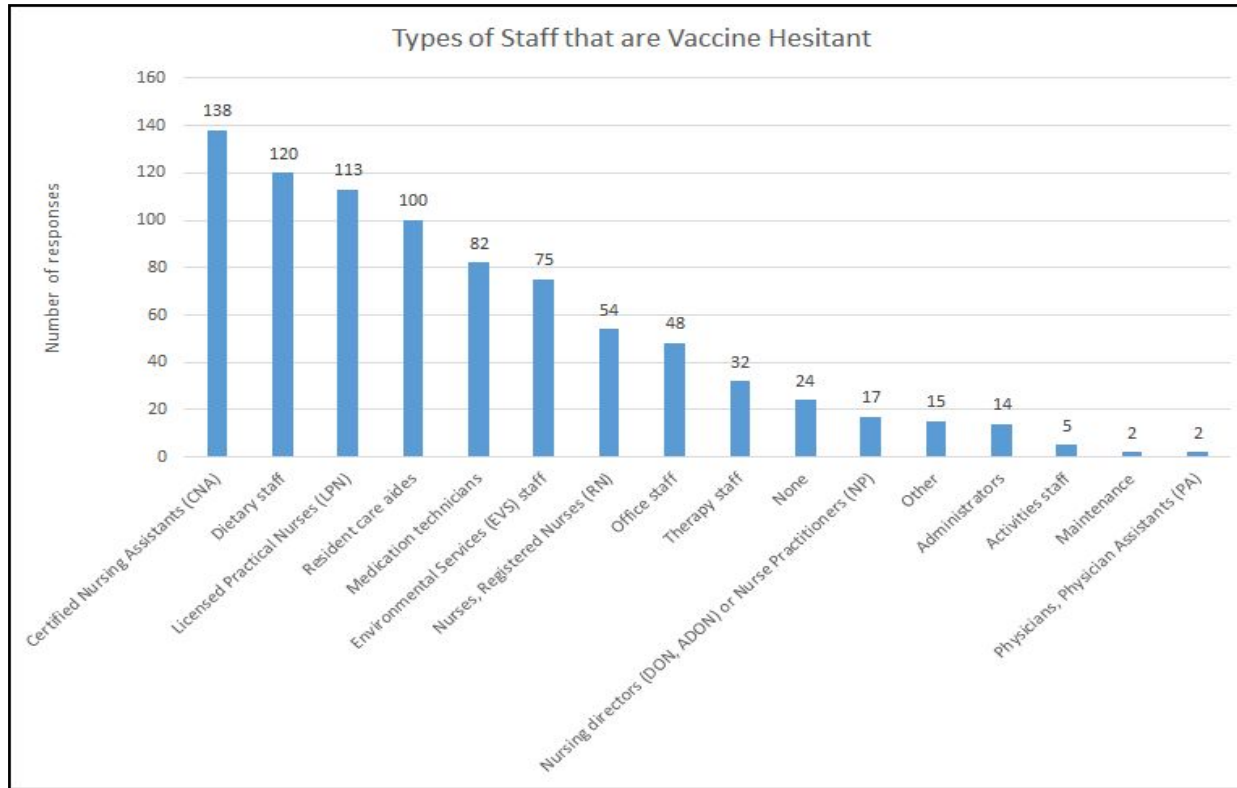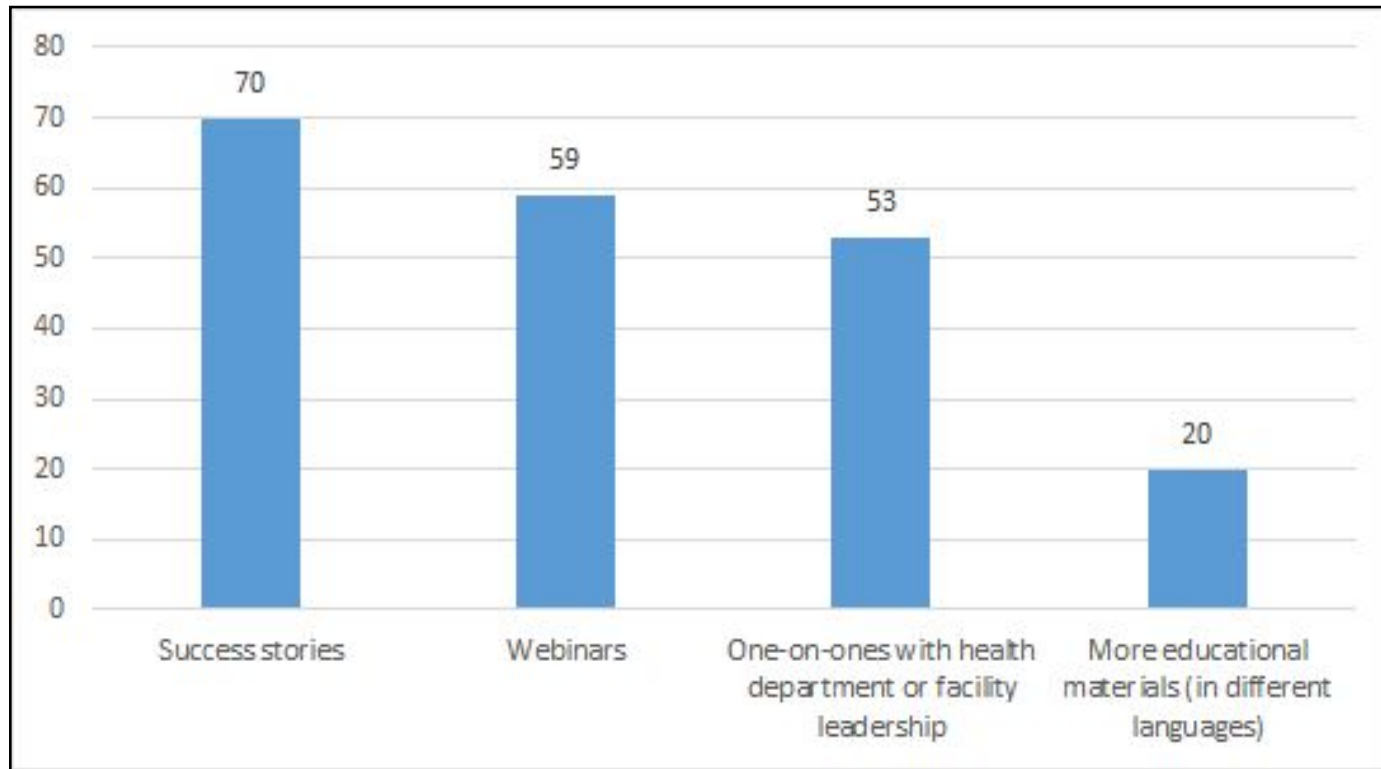
Vaccine Uptake Follow-up Survey

- Two REDCap surveys (one in February and the other in April) were sent out to the LTCFs to collect vaccine uptake data and hesitancy reasons
- The initial survey had a 57% response rate and the follow-up survey had a 29% response rate
- Appreciate facilities providing the valuable information

		Total (n=232)	Skilled Nursing Facilities (n=93)	Assisted Living Facilities (n=139)
Completed series	Residents (%)	88.9	84.9	91.6
	Employees (%)	61.5	59.5	62.8
	Non-employee staff† (%)	80.8	74.6	88.8
Received first dose, awaiting second	Residents (%)	2.3	3.5	1.5
	Employees (%)	2.3	2.3	2.3
	Non-employee staff† (%)	4.8	5.7	3.5
Not started series, but intend to	Residents (%)	2.7	4.8	1.2
	Employees (%)	3.6	4.3	3.2
	Non-employee staff† (%)	3.9	3.6	4.3
Not started series, do not intend to	Residents (%)	6.9	9.9	4.9
	Employees (%)	38.4	43.3	35.1
	Non-employee staff† (%)	11.6	18.8	2.3

Reasons for Vaccine Hesitancy among Staff and Residents

Types of Staff that are Vaccine Hesitant

Types of education requested

CMS COVID-19 Vaccine Immunization Requirements for Residents and Staff

- On May 11, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes Long-Term Care (LTC) Facility Vaccine Immunization Requirements for Residents and Staff.
- Key highlights:
  - LTC facilities shall develop policies and procedures to educate residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offer the vaccine unless it is medically contraindicated or the resident or staff member has already been immunized.
  - Facilities must maintain appropriate documentation to reflect that the facility provided the required COVID-19 vaccine education, and whether the resident and staff member received the vaccine.
  - LTC facilities shall report the COVID-19 vaccine status of residents and staff, each dose of vaccine received, COVID-19 vaccination adverse events, and therapeutics administered to residents for treatment of COVID-19 into the NHSN.

NHSN Reporting and Training

- Facilities must begin reporting vaccination and therapeutic data to NHSN by 11:59 p.m. **Sunday, June 13, 2021**. To be compliant with the new reporting requirements, facilities must submit the data to NHSN at least once a week.
- CDC is planning to host live trainings for reporting weekly COVID-19 vaccination data in NHSN
  - Register for upcoming trainings here: https://cdc.zoomgov.com/webinar/register/WN_DQQITIUsQ7egD7ZPQIraIg
  - Training slides are posted on the NHSN website: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

Personal Protective Equipment Check-In

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COVID-19 Considerations for Pediatric Behavioral Health Providers

- **Date/Time:** June 7, 2021 3:00-4:00pm
- **Agenda**
  1. COVID-19 in the Pediatric Population
  2. Impact of COVID-19 in Pediatric Behavioral Health Care settings
  3. Pediatric Psychiatric Bed Crisis
  4. Safe Solutions for Operating During COVID-19
- **Panelists**
  - Dr. Emily Godbout – Pediatric Infectious Disease and Epidemiologist, Children's Hospital of Richmond at VCU
  - Dr. Rehab Abdelfattah – VDH Clinical Investigations Consultant, Healthcare-Associated Infections (HAI) and Antimicrobial Resistance Program
  - Dr. Alexis Aplasca – Chief Clinical Officer, DBHDS
  - Dr. Jaime Bamford – Director, Commonwealth Center for Children and Adolescents, DBHDS
  - Angela Harvell – Deputy Commissioner, Facility Services, DBHDS
  - Dev Nair, PhD MPH – Assistant Commissioner, Quality Assurance & Govt. Relations, DBHDS
- Interested in participating? Contact: Heidi.Dix@dbhds.virginia.gov

Long-Term Care Wellness Advisory Committee Update

Office of the State Long-Term Care Ombudsman

TOP 10 COMPLAINT CATEGORIES

FFY 2020

Rank	Nursing Facilities	Assisted Living Facilities
1	Discharge or eviction	Medications
2	Symptoms unattended	Discharge or eviction
3	Personal hygiene	Staffing
4	Response to requests for assistance	Personal hygiene
5	Medications	Access to information and records
6	Dignity & respect	Billing and charges
7	Staffing	Other rights and preferences
8	Personal property	Symptoms unattended
9	Food Services	Activities
10	Access to health related services tied with Assistive devices or equipment.	Food Services tied with Resident representative or family conflict

Next Steps

- LTC Task Force website
  - Updating all resources
  - Will maintain primary resources
    - Expecting updates to CDC guidance for ALFs

- Email communications

- We are available as needed; please keep us updated

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Discussion