



OFFICE OF THE GOVERNOR OF THE COMMONWEALTH OF VIRGINIA

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

DR. LAURIE FORLANO, DEPUTY COMMISSIONER OF POPULATION HEALTH, VDH
GENA BERGER, DEPUTY SECRETARY OF HEALTH AND HUMAN RESOURCES

APRIL 16, 2020

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

Task Force Participants

- Long-Term Care Resident Family Members and Patient Advocates
- Long-Term Care Administrators
- Long-Term Care Medical Directors
- Long-Term Care Providers
- AARP
- Virginia Health Care Association
- Virginia Assisted Living Association
- LeadingAge Virginia
- Virginia Hospital and Healthcare Association
- Department of Health
- Department of Medical Assistance Services
- Department of Social Services
- Department of Behavioral Health and Developmental Services
- Department of Aging and Rehabilitative Services
- Department of Veterans Services
- United States Air Force
- Medicaid Managed Care Organizations

Overview of Agenda

- Charge for the Task Force
- Areas of Focus
- Next Steps

Charge for the LTC Task Force

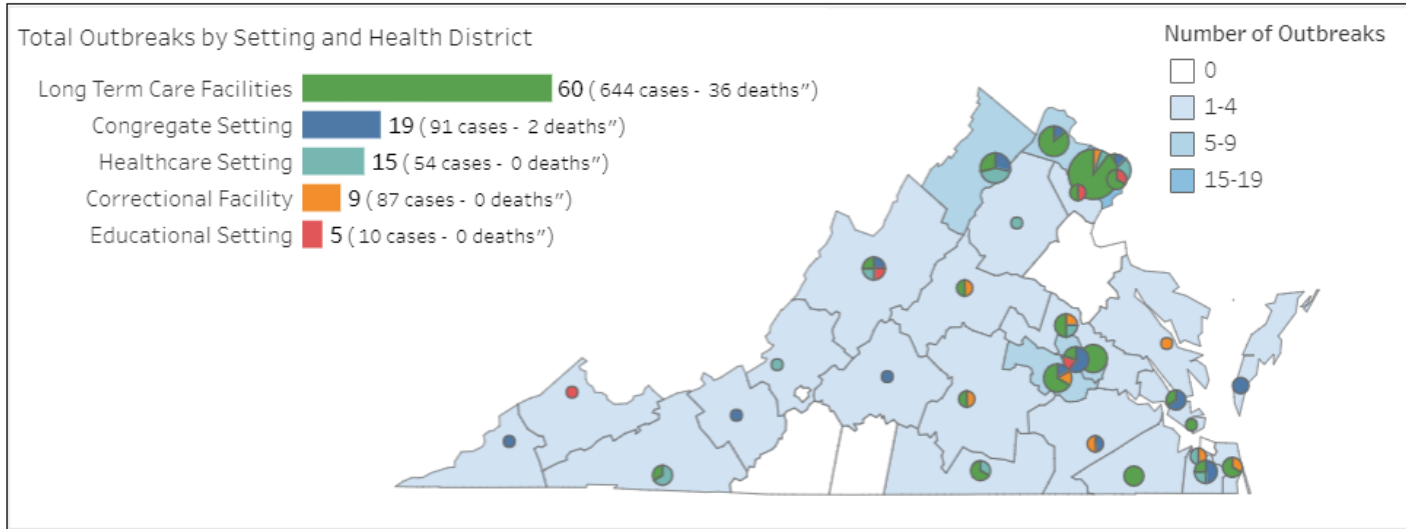
- Ensure a unified state government response in supporting long-term care community in responding to COVID-19
- Facilitate better data collection regarding COVID-19 impacts on LTC community
- Foster communication between providers and VDH/Office of the Secretary/Governor
- Elevate issues regarding outbreaks and resource needs at LTC facilities

Areas of Focus

- Data
- Staffing
- Financing
- Testing
- PPE
- Infection Control
- Hospital Discharge Planning

COVID-19 Outbreaks in Virginia

As of 4/15/2020, Virginia has 60 confirmed outbreaks of COVID-19 in LTCFs



LTCFs include nursing homes/skilled nursing, assisted living, residential behavioral health, and multicare/independent living

Staffing

- Measures to retain and recruit staff

Secretary has temporarily waived the following regulatory rules:

VDH: waiver to permit nurse aides to be employed at a nursing facility for longer than 120 days without registering as certified nurse aides (CNAs).

CMS waived equivalent federal requirement

VDSS: waivers allowing ALFs leniency pertaining to staff orientation and initial training, extending time for an acting administrator, direct care staff training, requirements for private duty personnel, volunteer orientation and training, staff records, First Aid and CPR certification,

- Measures to recruit volunteers (Medical Reserve Corps)

FINANCING

- GOV proposed amendment to caboose budget bill (FY20) to increase nursing home and specialized care per diem rates by \$20/day/patient effective for period of GOV's declaration of state of emergency due to COVID-19
- Timely Filing Requirements for Billing. Waives federal one-year timely filing requirements to allow providers that are getting correct coding and other structural pieces built into their systems to adjust for the COVID-19 crisis.

Testing

DCLS public health testing criteria (revision drafted)

Priorities include:

- Healthcare worker or first responder w/ symptoms
- Person hospitalized with symptoms
- Person w/ symptoms who resides or works in congregate setting (including assisted living facilities, nursing homes)
 - Person about to be admitted into congregate setting; Can aid in the decision to discontinue transmission-based precautions using the test-based strategy
- Potential cluster of unknown respiratory illness, w/ priority for healthcare facility outbreaks

TESTING (CONT)

[Guidance on Point Prevalence Surveys \(PPS\)](#) (April 14)

- A PPS can be used to identify the number of people with COVID-19 at a specific point in time
- A PPS may be used at the start of an outbreak investigation to determine how widespread COVID-19 cases are in the LTCFs or to help guide control recommendations
- If an outbreak already widespread in facility, PPS survey would likely not change the control recommendations
- Patients who test negative on day of survey could later test positive. In a rapidly evolving situation, repeat testing may be needed.
- Testing of asymptomatic staff not currently recommended

Personal Protective Equipment (PPE)

- [VDH Optimization Strategies for PPE in LTCFs](#) (April 7)
- [CDC updated infection control guidance](#) (April 13)
 - Implement source control for everyone entering a healthcare facility, regardless of symptoms
 - Facemasks are PPE and should be worn by HCP
 - Cloth face coverings are not PPE and may be appropriate for visitors and patients
- LHDs have been helping LTCFs conduct fit-testing for facility staff to use N95 respirators

PPE Distribution Efforts

- Virginia has received *limited* quantities of PPE through the Strategic National Stockpile (SNS).
- VDH and the regional healthcare coalitions had small caches of PPE on hand.
- Face shields, surgical masks, gowns, N95 respirators, gloves and coveralls.
- Push Distribution Model
 - Regional Healthcare Coalitions
 - Skilled nursing facilities and hospitals
 - Local Health Districts
 - Local providers, congregate care settings, addressing outbreak situations
 - Regional EMS Councils
 - EMS agencies
 - Virginia Department of Social Services
 - Assisted living facilities

PPE Shortage Reporting

- Facilities are encouraged to continue working through vendors, associations and corporate offices.
- Healthcare facilities (skilled nursing facilities, hospitals, dialysis centers, home health & hospice, etc.) can contact their [regional healthcare coalition](#).
- Other partners (congregate care settings/facilities experiencing an outbreak) should work with their [local health district](#).
- Healthcare Coalitions and Local Health Districts are collaborating, reviewing resource requests and fulfilling urgent needs, as resources permit.
- When an urgent need is identified that cannot be met by the Local Health District/Healthcare Coalition, they will contact the VDH Office of Emergency Preparedness for coordination with the Virginia Emergency Support Team (VEST).
 - The VEST, working with FEMA and HHS, is identifying PPE suppliers/manufacturers with available stocks and purchasing and distributing as available.
 - PPE request and distribution process is under review.

Infection control

Outreach to providers

- [VDH Clinician Letter](#) with guidance for LTCFs
 - Universal masking by healthcare personnel in LTCFs, as supply allows
 - Screen healthcare personnel at the beginning of every shift for fever and respiratory symptoms
 - Designate a location now to cohort residents with suspected or confirmed COVID-19
 - Atypical symptoms in residents
- Answering questions and having planning calls with LTCF medical directors
 - Working across associations regarding issues that impact all healthcare settings

Hospital discharge planning

- LTC stakeholders are working in collaboration with VHHA to develop the following:
 - Guidance on Hospital Transfer and Admission of Patients to Long Term Care Facilities During COVID-19 Emergency
 - Establishes standard protocols for hospital discharges to nursing facilities and assisted living facilities
 - Hospital to Long Term Care Facility Transfer – COVID-19 Assessment
 - Communication tool for hospital providers to relay laboratory testing status for individuals discharging from the hospital to long term care setting

Other general support

- Guidance documents and FAQs for 'Long-Term Facilities and Other Residential Settings' <http://www.vdh.virginia.gov/coronavirus/health-professionals>
- Providing on-site and/or remote consultation on infection prevention and control practices
- Reinforcing infection prevention messages, including environmental cleaning
- March: Statewide webinars held
 - Collaboration between VDH and DMAS
- April: Providing weekly updates on LTCF association calls, including LeadingAge Virginia and VHCA-VCAL
 - Sharing lessons learned from COVID-19 outbreaks

Next steps