



office of the governor of the commonwealth of virginia

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

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June 25, 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
 - Feel free to utilize the chat box

Overview of Agenda

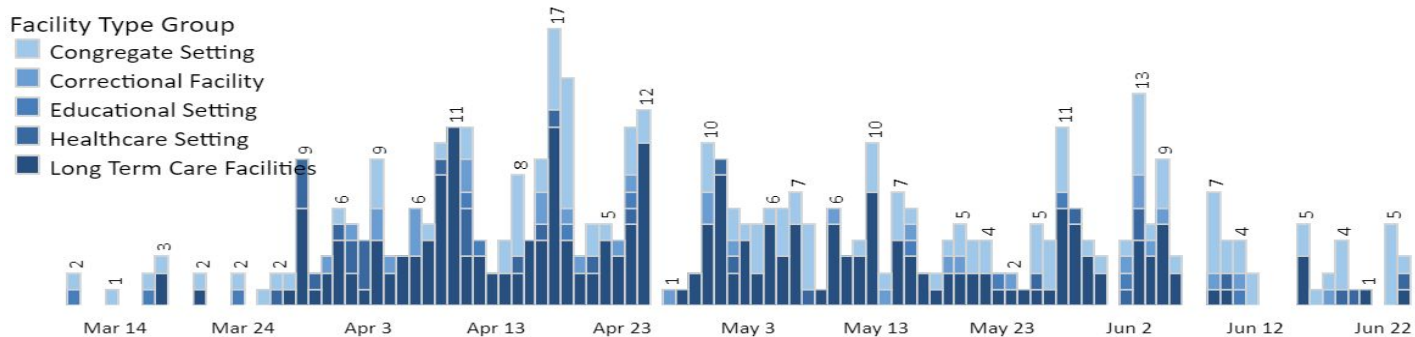
- Data Update
 - Facility Name Sharing
- Phased Reopening Guidance
 - Nursing Homes
 - Assisted Living Facilities
- Testing Updates
 - Point Prevalence Surveys Update
 - Testing Moving Forward
- Financing
- Discussion
- Next Steps

COVID-19 Outbreaks in Virginia

Cases and Deaths by Outbreak Facility Type - State Totals

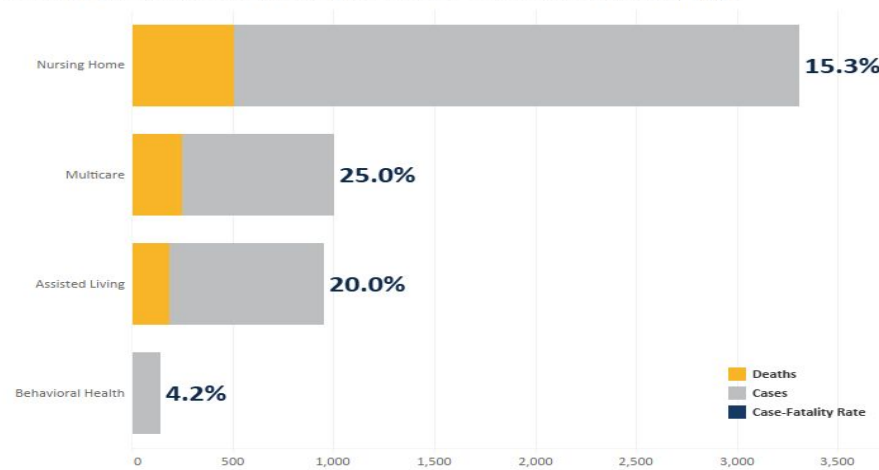
Long Term Care Facilities	Cases	6,608
	Deaths	1,020
Congregate Setting	Cases	2,064
	Deaths	27
Correctional Facility	Cases	1,861
	Deaths	9
Healthcare Setting	Cases	226
	Deaths	8
Educational Setting	Cases	53
	Deaths	0

Number and Facility Type of Outbreak by Date VDH Notified

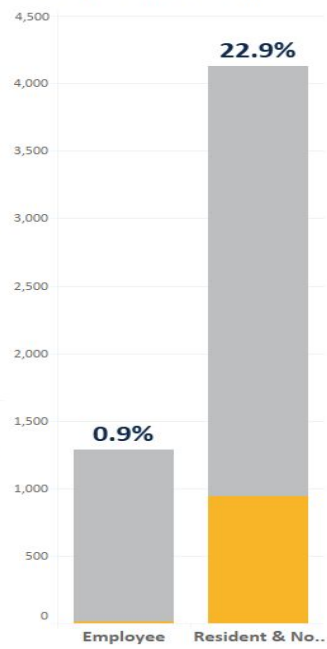


COVID-19 Outbreaks in LTCFs

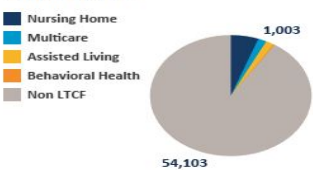
Deaths, Cases, and Case-Fatality Rate in LTCF Outbreaks by Facility Type



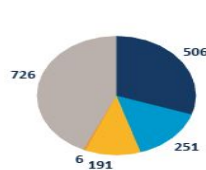
Death, Cases, and Case-Fatality Rate in LTCF Employees and Residents



Deaths in LTCF Outbreaks, as a Proportion of All Cases



Deaths in LTCF Outbreaks, as Proportion of All Cases



Facility Name Sharing

- On June 19, 2020, VDH began posting the names of facilities that have experienced COVID-19 cases and/or deaths.
 - Counts between 1 and 4 are suppressed to protect patient anonymity
 - Updated daily
- Facilities are listed in the “active” tab if a case has been reported in the past 28 days.

Phased Reopening: Nursing Homes

June 19 Documents Released

- Press release [Governor Northam Announces \\$246 Million to Support Response to COVID-19 in LTCFs](#)
- [VDH Nursing Home Guidance for Phased Reopening](#)
- [LTCFs Reporting Outbreaks of COVID-19](#) with talking points

- **Updated** [VDH Guidance for LTCFs](#)
- **6/15/2020** [Role of Public Health and LTCF](#)

Phase 1 Key Highlights

- ❑ City or county has been in Forward Virginia Phase I for at least 14 days
- ❑ No nursing home-onset cases in residents for the past 14 days
- ❑ Infection prevention and control (IPC) measures have been implemented
- ❑ Facility is reporting to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly
 - ❑ Facility has conferred rights to VDH in NHSN
 - ❑ Facility has adequate staffing as reported in NHSN
 - ❑ Facility has access to adequate personal protective equipment (PPE) as reported in NHSN
 - ❑ Facility has access to adequate testing as reported in NHSN
- ❑ Fit-testing for respirator use for staff providing direct care for COVID-19 positive residents has been conducted
- ❑ Facility testing plan has been developed
- ❑ A plan has been developed to manage new admissions and readmissions where COVID-19 status is unknown
- ❑ Phase I Attestation has been sent to the LHD

Testing Guidance and Recommendations

Per VDH's phased reopening guidance, it is recommended that all nursing homes **conduct baseline testing/initial testing of all residents and staff**.

- Facility should continue to test all staff weekly until no staff cases or nursing home-onset cases are identified for 14 days.

Once facility is no longer testing staff and residents weekly:

- Immediately test any resident or staff with symptoms.

The trigger to resume weekly testing is identification of a:

- Nursing home-onset case OR
- Case in a staff member.

Testing should continue weekly, except for previously positive individuals, until there are no new cases among staff or nursing home-onset cases for 14 days.

Additional Information

Testing refers to a viral diagnostic test.

Definitions of staff and nursing home-onset case are included in reopening guidance.

When indicated, all staff and all residents should be asked if they consent to testing. Facility should have a plan to handle staff and resident refusals.

Mitigation By Phases

More specific details can be found in Reopening Guidance Document

	Phase 1	Phase 2	Phase 3
Resident and Staff Symptom Screening	Green	Green	Green
Universal Source Control	Green	Green	Green
Visitation	Red	Red	Green
Communal Dining	Yellow	Yellow	Yellow
Social and group activities/ outage	Red	Yellow	Green
Non-essential staff (including salons)	Red	Yellow	Green
Resident trips outside the facility for non-medical necessary reasons	Red	Yellow	Yellow
On site gym or fitness center	Yellow	Yellow	Yellow

	Occurring but potentially with some restrictions		Can occur on limited basis		Generally prohibited but there may be exceptions
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Triggers for Phase Regression

1. If a facility identifies a **nursing home-onset COVID-19** case in the facility, the facility goes back to Phase I (even if the community is in a different Forward Virginia Phase)
 - a. A “nursing home-onset COVID-19 case” refers to COVID-19 cases that originated in the nursing home, and not cases where the nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission. **This only applies to residents. Staff cases do not lead to Phase Regression.**
2. If the city/county **regresses to a previous Forward Virginia Phase**, the facility must also regress to the same phase for mitigation steps.

Phase Change Attestation

- Facilities should self-assess their readiness to move into subsequent phases and submit a Phase Change Attestation to their LHD when they meet all the criteria to move from one phase to another.
- Nursing homes can submit an attestation form via REDCap or paper (fax or email).
- Once a facility submits their attestation form, the appropriate LHD contact will receive an automatic email with a link to review and acknowledge the submission.
- An automated email will be sent to the facility and the individual who acknowledged the phase change will be copied.

Phase Change Attestation Form for Virginia Nursing Homes



Facilities should submit a Phase Change Attestation to notify their [local health department](#) when they decide to move from one phase to another.

Please complete the survey below to notify the local health department of the change in phase status.

Thank you!

Name of the facility <small>* must provide value</small>	<input type="text"/> <small>Please select your facility name from the drop-down list of certified nursing homes. If you do not see your facility listed, please select Other at the end of the list.</small>
Name of the person filling out the survey <small>* must provide value</small>	<input type="text"/>
Email address <small>* must provide value</small>	<input type="text"/> <small>To receive confirmation email</small>
Select the option that applies to your facility <small>* must provide value</small>	<input type="radio"/> Progressing to the next phase <input type="radio"/> Regressing to a previous phase
<input type="button" value="✓"/>	
<input type="button" value="Save & Return Later"/>	

Infection Prevention and Control Assessment (IPCA)

- HHS proposal for IPCA teams; fulfilled by the Veterans Administration
 - VDH briefed IPCA teams Tuesday
- Timeline & Schedule
 - IPCA teams began assessments June 24
 - 30 day deployment
 - 12 teams of 2-3 infection control nurses distributed by district
 - Each team visits one facility per day to conduct assessment and provide education/training
 - Voluntary, non-regulatory assessment
- Tool
 - [CDC: Infection Prevention & Control Assessment Tool for Nursing Homes Preparing for COVID-19](#)
- A facility can still sign up for an IPCA

Nursing Home Reopening Next Steps

- Briefing facilities on reopening guidance
- FAQs on LTC Task Force website
- Testing recommendations for Phases II and III
- Planning for influenza season
 - Vaccination of residents, vaccination of staff, possible co-infections

Phased Reopening: Assisted Living Facilities

- The Department of Social Services' [Assisted Living Facility Recommendations for Reopening](#) were published on June 23rd.
- To the greatest extent possible, DSS, Division of Licensing Programs (DOLP) strongly advise that ALFs follow CMS and VDH recommendations for phased reopening. We are not suggesting that it is appropriate or prudent for every facility to consider reopening. Each individual facility should consider the reopening criteria and move through the reopening phases based on its assessment of its own specific circumstances.

Phased Reopening: Assisted Living Facilities

- Under [22VAC40-73-100](#), facilities are required to update their infection control programs in response to COVID-19 to address surveillance, prevention, and control of disease and infection. Revisions to infection control plans must be consistent with Centers for Disease Control and Prevention (CDC) guidelines and Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations. In addition, infection control programs should incorporate recommendations from VDSS and the Virginia Department of Health (VDH).

ALF Best Practices Outlined in Guidance

- Adequate testing and case status
- Adequate staffing
- Adequate personal protective equipment (PPE) for staff
- Continuous monitoring of capacity
- Physical distancing
- 100% screening
- Number of visitors
- Health support services
- Personal services
- Medically necessary transportation
- Prevalence of COVID-19 in the local community

Resources Available to ALFs

- Baseline testing available by scheduling Virginia National Guard
- IPCA available by scheduling HHS Teams
- Fit testing train-the-trainer course available through VDH

Point Prevalence Surveys: Between 4/21 & 6/21

426 Requests Received:

- 6 On Hold
- 40 Received
- 114 Scheduled
- 13 Specimen Collection
- 28 Testing
- 22 Withdrawn
- 203 Closed

By Setting:

- 231 Long-Term Care Facility
- 34 Correctional Facility
- 10 Business Place/Other
- 1 Educational Setting
- 150 Community Testing

Financing

Nursing homes \$226 million (administered through DMAS)

- \$27.00 per patient per day (increase from \$20) for 4 month period
 - Cost of testing residents will be primarily paid by Medicare
 - Funding can cover additional costs related to testing, and staffing, PPE, cleaning supplies
- Outbreak response \$80.00 per patient per day (in addition to \$27) for 90 days
- Additional funding for staff testing (beyond baseline testing)

The financial support initiatives referenced above will only be provided to nursing facilities after other available resources including public and ce, private pay residents, and federal CARES Act Provider Relief Funds have been exhausted.

ALFs \$20 million (administered through DMAS)

- \$4,000 per ALF per month for 4 month period
- Additional daily payment of \$15.00 per auxiliary grant resident per day for 4 month period
- Funding can be used for testing, staff, PPE, cleaning supplies

Discussion

Next steps