



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, Chief Deputy Commissioner, DSS

August 6, 2020

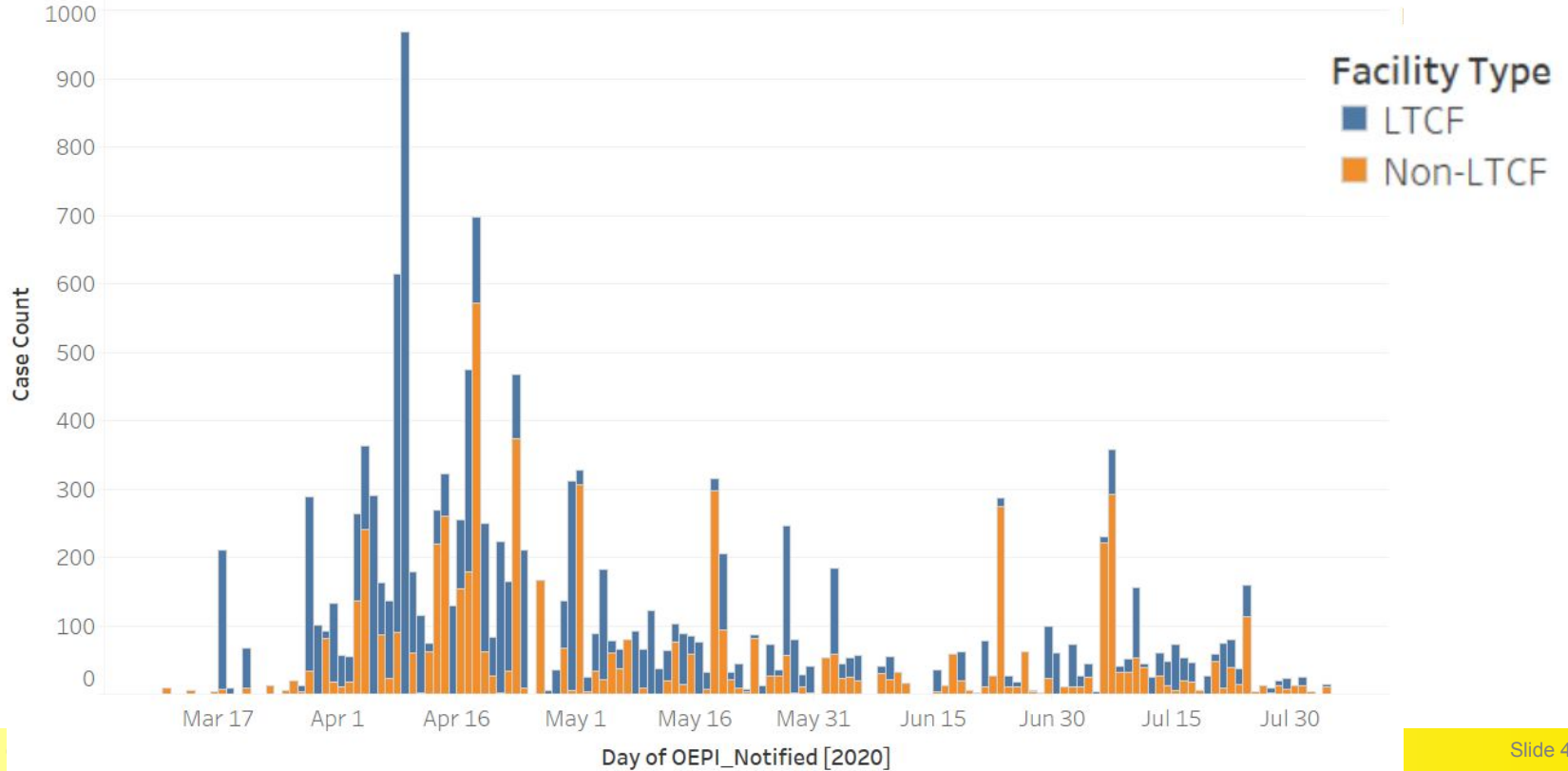
Welcome and Housekeeping Items

- 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

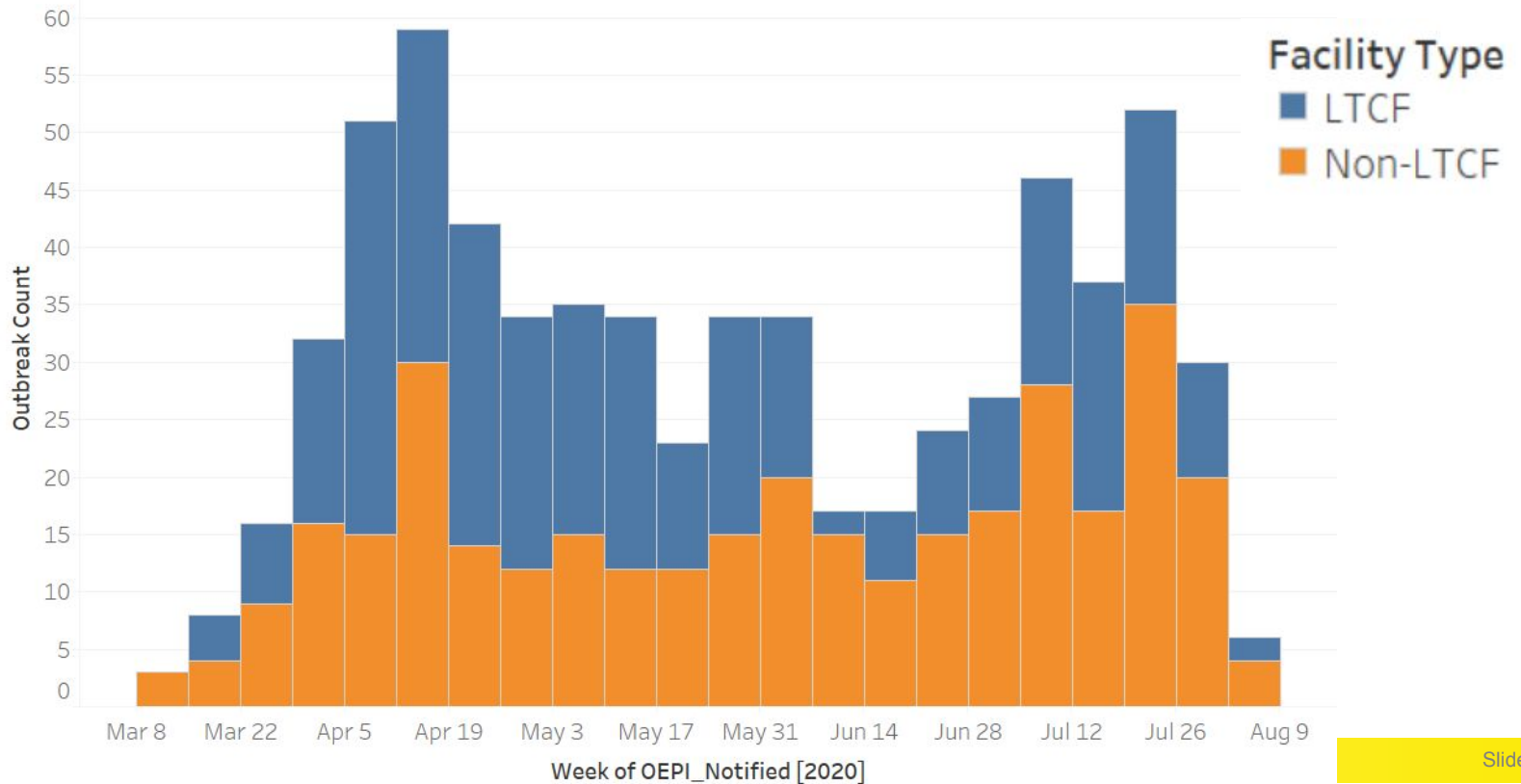
Overview of Agenda

- Task Force Recap
- Personal Protective Equipment Update
- Testing Update
 - Antigen Testing Recommendations
- Financing Review
- Visitation Guidelines Recap
- Discussion
- Next Steps

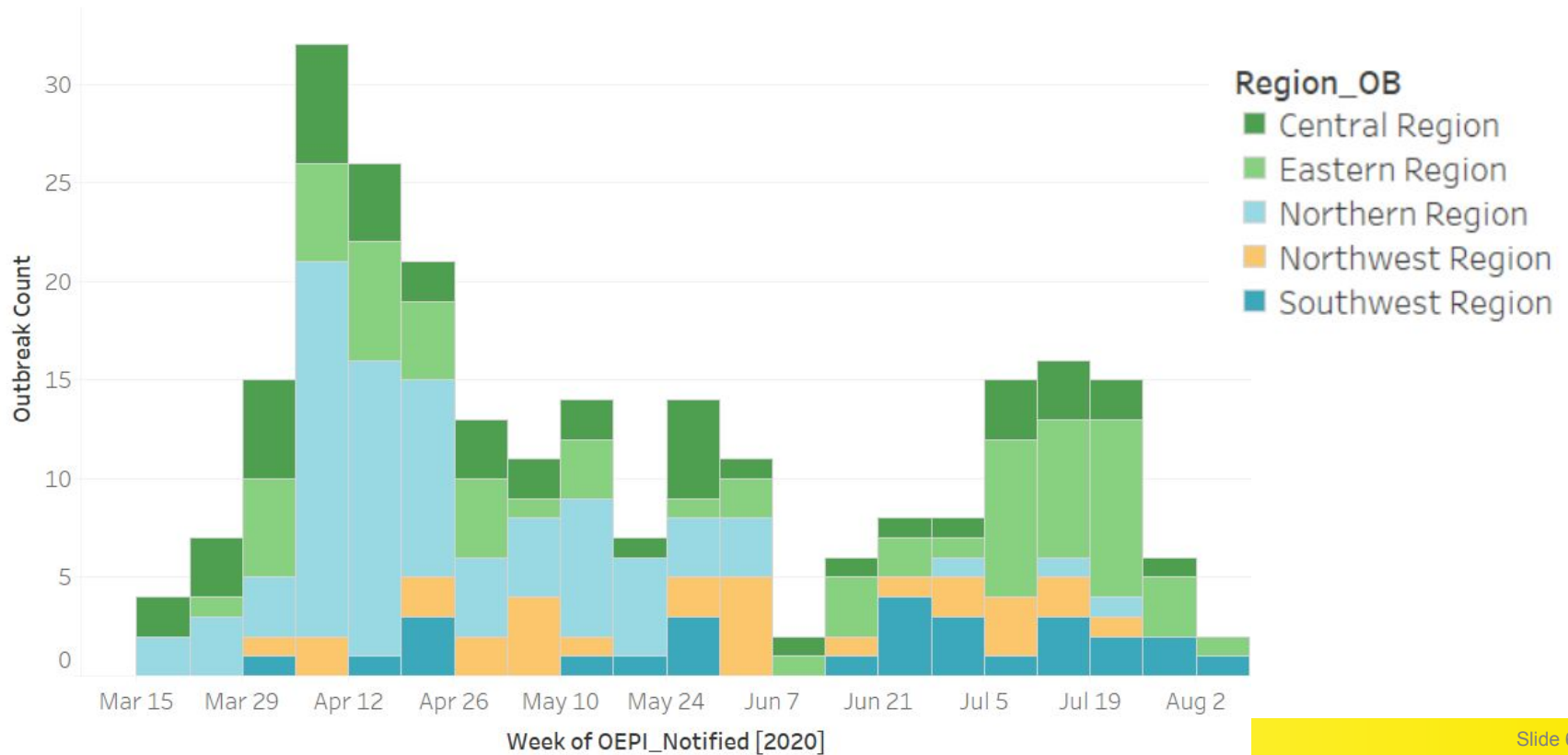
COVID-19 Cases in LTCFs and Non-LTCFs Over Time



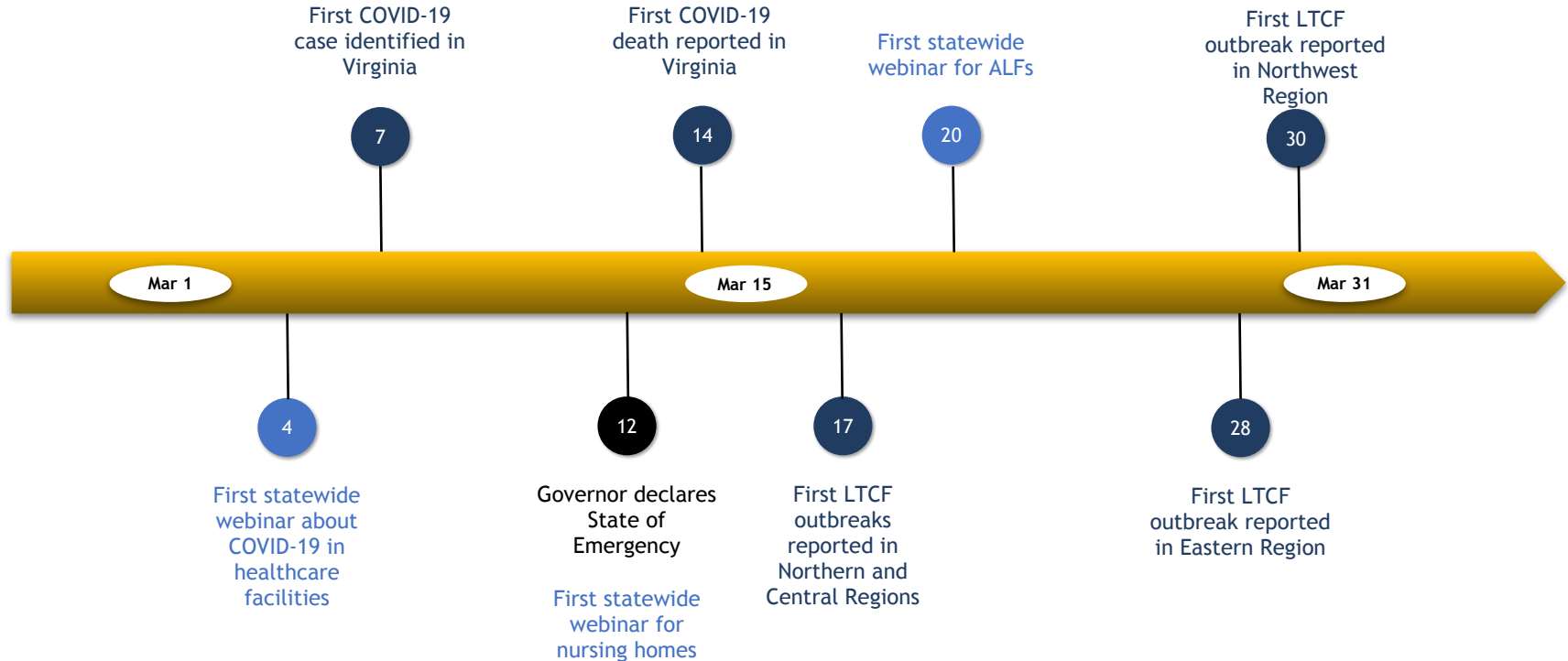
COVID-19 Outbreaks in LTCFs and Non-LTCFs by Date VDH Notified



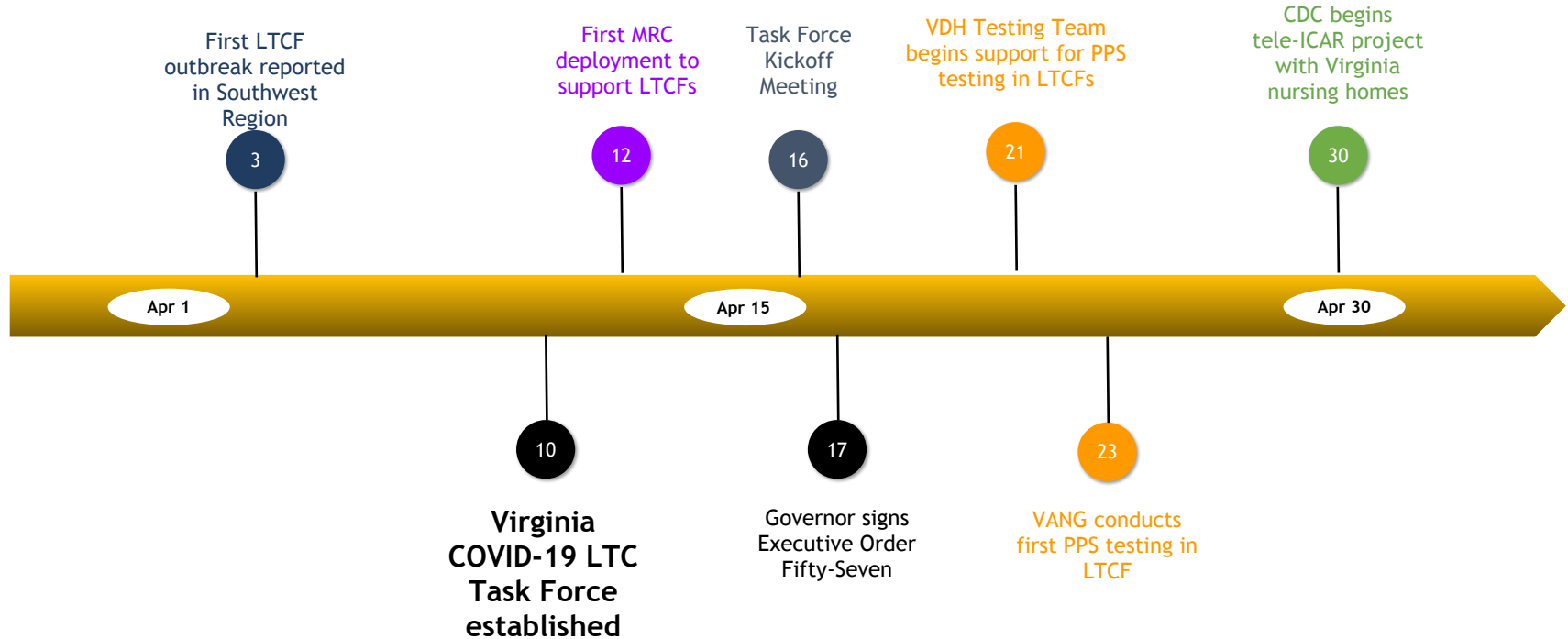
Number and Region of LTCF COVID-19 Outbreaks by Data VDH Notified



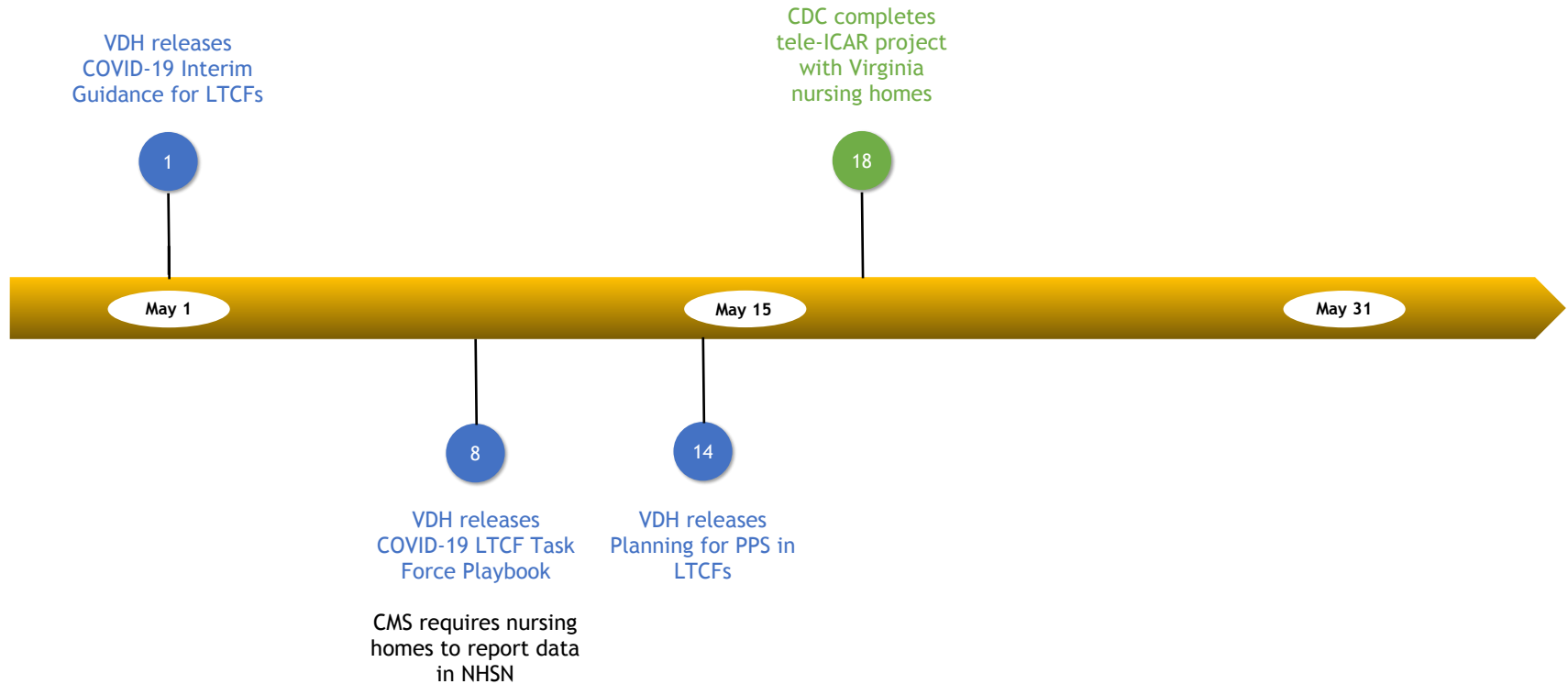
Timeline of Notable Events: March 2020



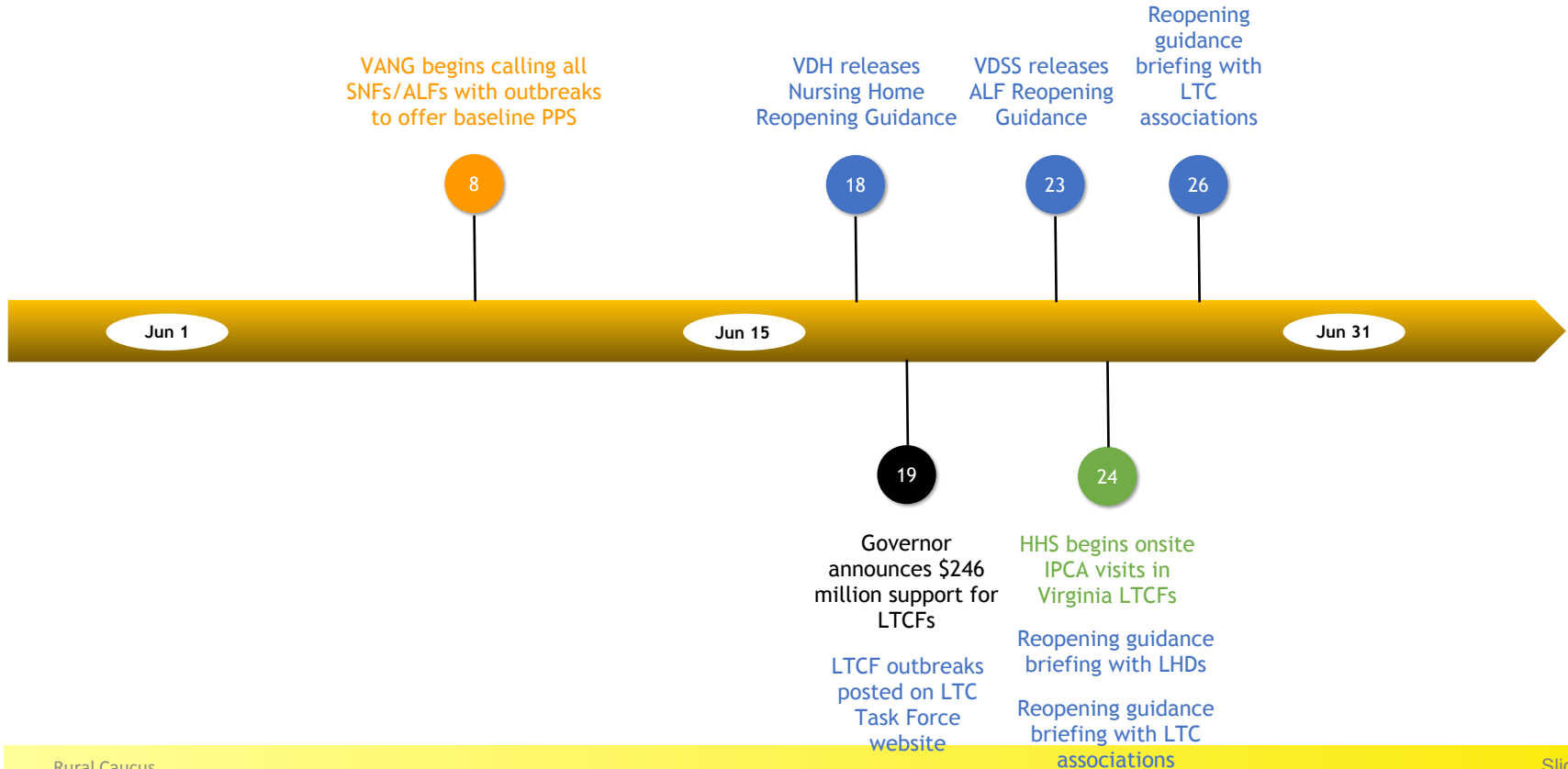
Timeline of Notable Events: April 2020



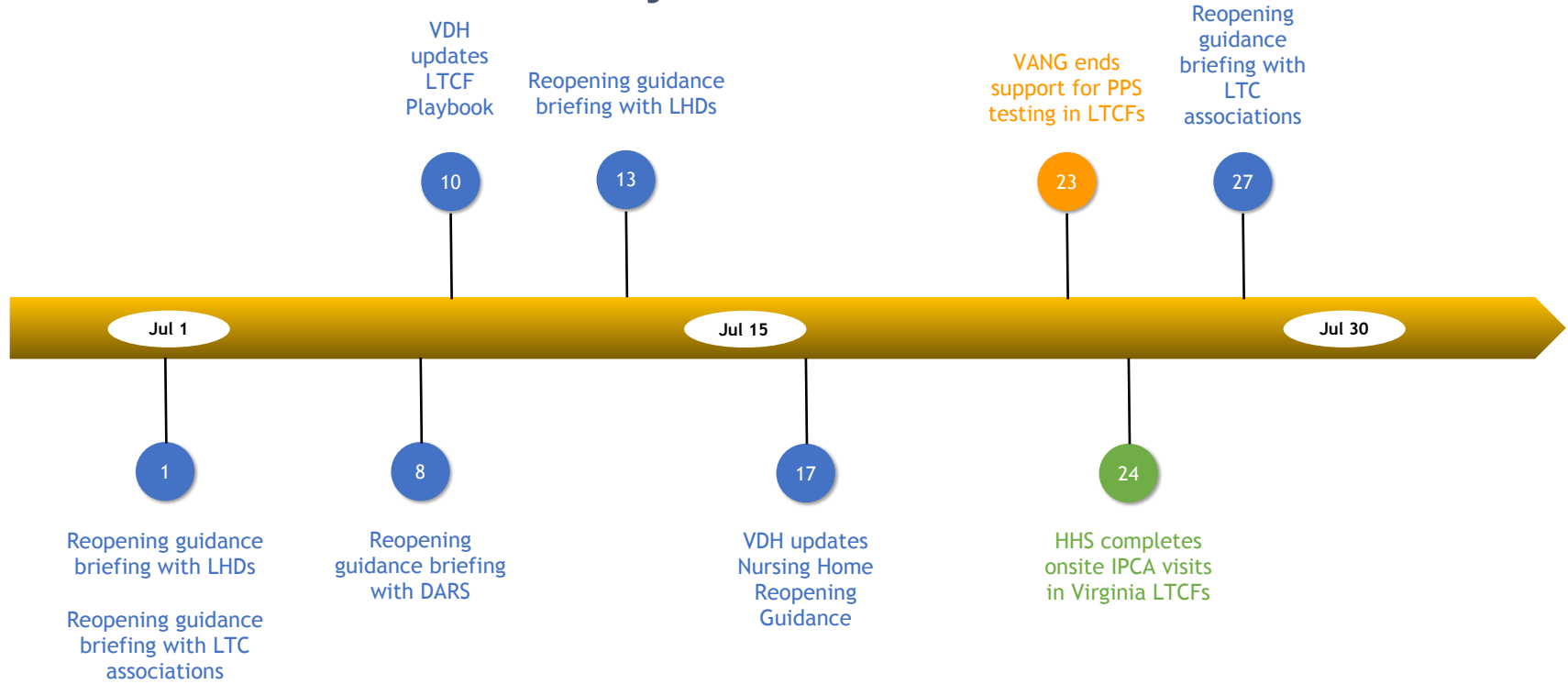
Timeline of Notable Events: May 2020



Timeline of Notable Events: June 2020



Timeline of Notable Events: July 2020



Long-Term Care Facility PPS': Between 4/21 & 7/21

Updates: ALF/SNF Point Prevalence Testing (as of 8/4)

National Guard SNF/High-Priority ALF Project Summary



376

Point Prevalence Survey (PPS) missions completed by the Virginia National Guard (VANG) between April - July 2020.



95,064

Total tests conducted on VANG PPS missions.



233

PPS missions completed at Skilled Nursing Facilities (SNFs).



65

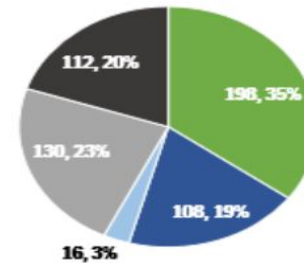
PPS missions completed at Assisted Living Facilities (ALFs).

The remaining missions were conducted at rehabilitation, mental health, and correctional facilities.

ALF PPS Project

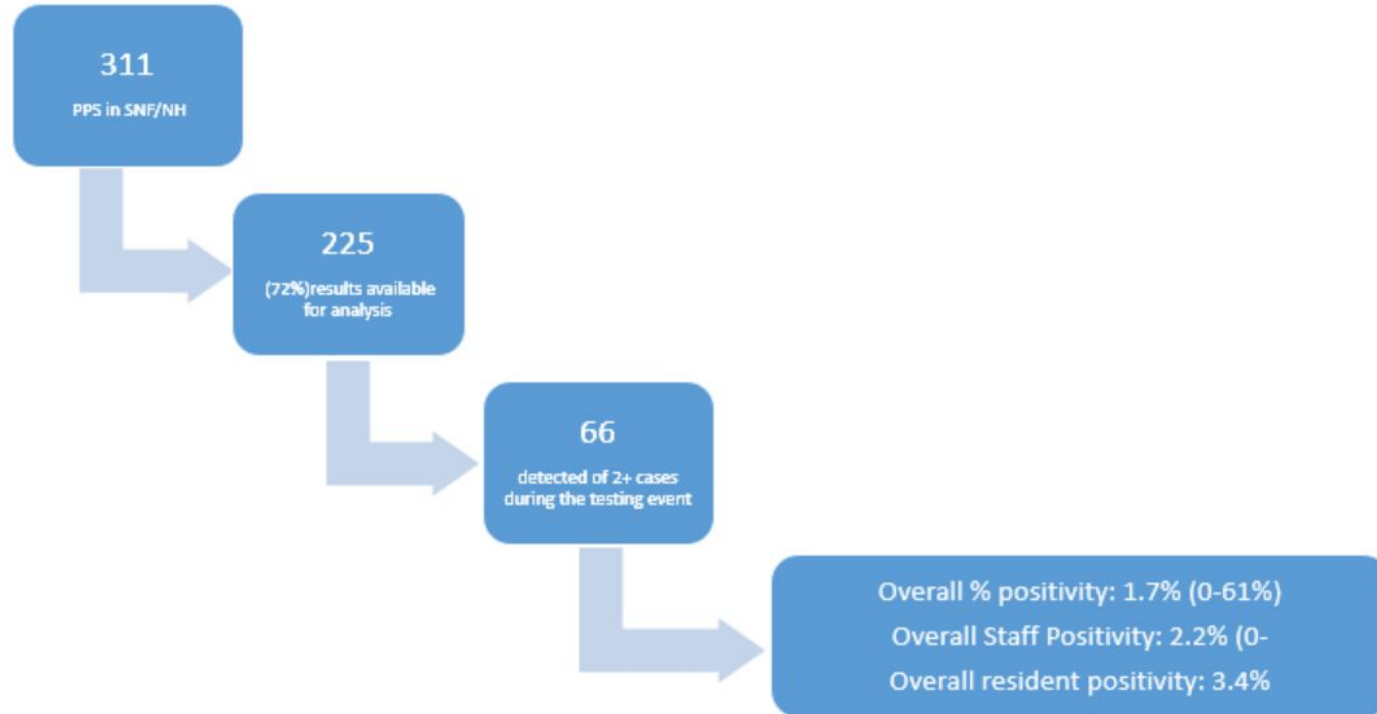
VDH and VANG have contacted all ALFs in the Commonwealth to offer PPS testing, with the goal of completing testing for all interested ALFs by end of August. VDH is currently determining the plan and process for completing testing at all interested ALFs. Below is a summary of the ALF outreach conducted by VDH and VANG:

- Completed Testing
- Interested in Testing
- Pending Decision
- Not Interested
- Unresponsive



Completed Testing category includes ALFs that either completed baseline testing on their own and/or had PPS testing conducted through VANG.

PPS Results



Phased Reopening: Nursing Home Status

Number of New LTCF Outbreaks Reported to VDH in the Last 7 Days (August 5)

- Central Region: 1
- Eastern Region: 2
- Northern Region: 0
- Northwest Region: 0
- Southwest Region: 1

Statewide (August 5)

- Nursing homes in Phase I: 89
- Nursing homes in Phase II: 36

*Note these data are not being posted publicly; for internal situational awareness.
Data are considered incomplete, as nursing homes are not required to report phase changes.*

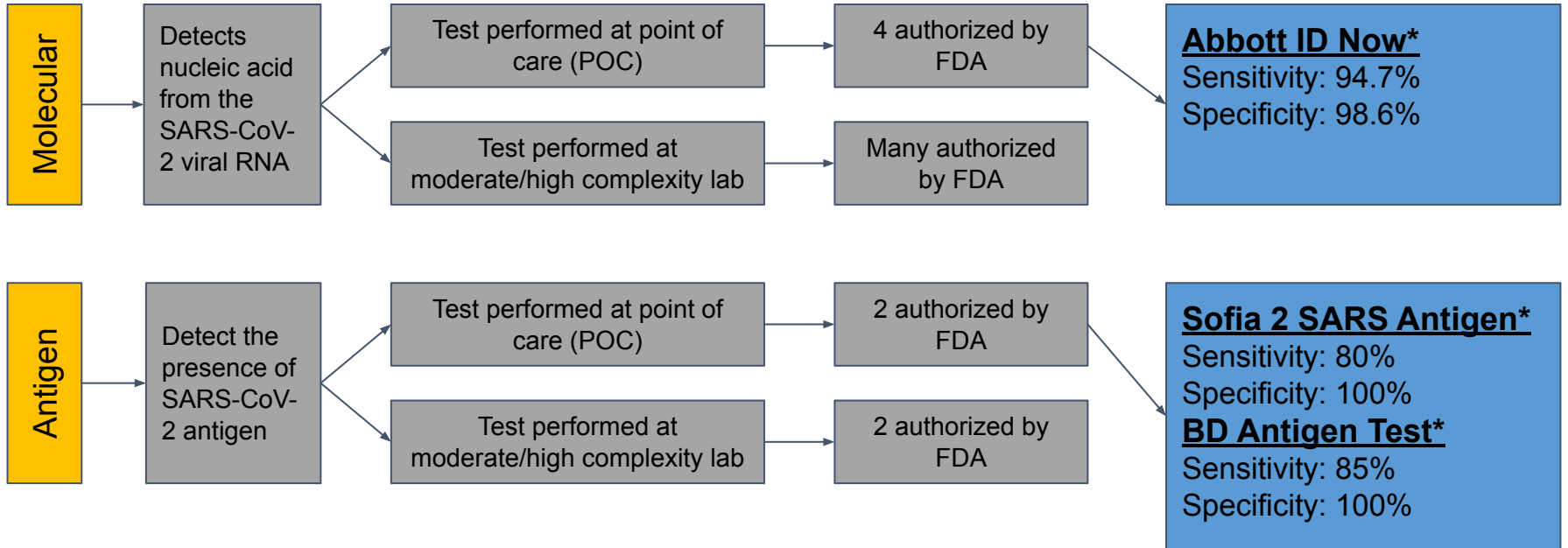
Personal Protective Equipment (PPE) Update

Testing Update

Antigen Testing

Shaina Bernard, PharmD

Viral Diagnostic Tests



*Taken from assay's IFU

Point-of-Care Antigen Testing Key Points

- Antigen tests are known to be less sensitive than molecular tests
 - ◆ Amount of antigen in a sample may decrease as the duration of illness increases
 - ◆ Negative results, from patients with symptom onset beyond five days, should be treated as presumptive and confirmation with a molecular assay, if necessary, for patient management, may be performed

- Nursing homes performing POC tests must have an active CLIA Certificate of Waiver
 - ◆ More information can be found on the VDH Office of Licensure and Certification website

- Nursing homes that perform POC tests will be responsible for reporting results to public health
 - ◆ VDH is creating a portal specifically for these results to lessen the burden

VDH NH Antigen Testing Guidance

Phase	Testing Scenario	Testing Technology Recommended
I	Initial baseline testing of all residents and staff with repeat testing of all residents and all staff, ideally within a week. Weekly testing can stop after 14 days of no new positive cases.	Initial baseline testing can be molecular or antigen. Repeat weekly [^] testing should be molecular*.
I, II, III	Testing symptomatic residents or staff.	Molecular; Depending on known TAT of molecular tests, a rapid antigen test could be used. Negative antigen results should be confirmed by a molecular test, especially when symptom onset is greater than five days prior.
I	Testing all staff and all residents in response to a positive staff member or NH-onset case (first round) with repeat testing of all residents and all staff, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.	First round of testing can be molecular or antigen. Repeat weekly [^] testing should be molecular*.
I, II, III	Testing close contacts in response to a non-NH onset case. If additional cases are found, repeat testing of all staff and all residents, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.	Molecular or antigen; negative antigen results should be confirmed by a molecular test. If additional cases are found, the first round of testing can be molecular or antigen. Repeat weekly [^] testing should be molecular*.
II, III	Testing close contacts in response to identification of a staff case with repeat testing of close contacts, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.	First round of testing can be molecular or antigen. Repeat weekly testing should be molecular*.

[^]If an antigen test is performed for the first round of testing, the second round of testing by a molecular test can occur 3-7 days after. Waiting a week to confirm a negative antigen test result may not be warranted.

*Repeat testing by molecular methods would confirm negative findings from the first round of antigen testing.

Financing Update-Eligible Costs

Funding can be used for COVID-19 related costs associated with:

- Testing
- Employee wages, overtime pay, and bonuses,
- Employee benefits,
- Contracted services expense,
- Employee child care costs, if applicable,
- Employee isolation housing, if applicable,
- Costs related to screening visitors,
- Personal protective equipment and supply costs,
- Cleaning and housekeeping supplies,
- Telehealth costs,
- Resident transfer costs, and
- Other COVID-19-related expenditures.

Payments will be based on demonstrated / invoiced COVID-19 costs only.

- Detailed invoicing instructions will be provided in August.

Financing Update-Payment Amounts

Nursing Facilities will be eligible for a maximum payment calculated based on the following criteria:

- \$27 per resident per day (less \$20 Medicaid payment where appropriate)
- \$80 per resident per day during outbreaks
- Additional support for periodic testing
- Less payments received from Provider Relief Fund

Assisted Living Facilities will be eligible for a maximum payment calculated based on the following criteria:

- A facility-based payment of up to \$4,000 for each assisted living facility each month (July, August, September, & October)
- An additional daily payment for four months to each assisted living facility based on the number of auxiliary grant (AG) recipients residing in the facility
 - This additional payment equivalent to \$15.00 per AG resident per day

Initial communication from DMAS to providers will provide additional detail on maximum payment formula.

Financing Update-Draft Schedule for CARES Act Payments

July 1, 2020

Eligible costs begin date. Nursing facilities and assisted living facilities should make sure they are documenting their COVID-19 related costs for future invoicing.

Week of July 27th

DMAS awards administrative support contract. DMAS will contract with an external vendor to support communication with recipients, receipt of invoices, and review and audit of submissions.

Early August

DMAS or Admin Vendor will send communications to nursing facilities and assisted living outlining the process for submission and necessary documentation, with enrollment, invoice and cost reporting/reconciliation forms.

Mid-August

Invoices Start Being Accepted / Facilities Enroll for Payment. Facilities can submit invoices and necessary support documentation for costs incurred during July, 2020. Facilities will also have to document funds received from the Provider Relief Fund and DMAS's \$20 per diem increase to calculate allowable expenses. Facilities will also have to submit required documentation for enrollment to be paid under this program. Please note, even if a nursing facility is already enrolled as a Medicaid provider, they will have to enroll separately to be paid under this CRF-funded program.

Financing Update-Draft Schedule Continued

Late August / Early September

DMAS begins making payments. DMAS will process payments on a rolling basis every two weeks following the initial submissions as they are processed by the support vendor.

October 31, 2020

Eligible costs end date. Facilities should submit no costs incurred after October 31 for reimbursement. DMAS and vendor will not accept documentation for costs incurred after this date.

December 1

Final documentation due.

Late December / Early January

DMAS makes final payments.

Visitation Guidelines Recap

- When in Nursing Home Reopening Phases I and II, VDH generally recommends against face to face visitation except for compassionate care situations.
- Additional visitation practices, such as window visits and outside visits, are allowed if facilities ensure social distancing and universal source control practices are adhered to.
- When in Nursing Home Reopening Phase III, VDH recommends screening and additional precautions including social distancing, hand hygiene (e.g., use alcohol-based hand rub upon entry), and the wearing of cloth face coverings or facemasks prior to allowing face to face visitation.
- Visitation policies are at the discretion of each facility based on phased reopening status and capacity for implementation of social distancing and universal source control practices.

Discussion

Next steps

- Testing, Staffing, and Visitation Best Practices Webinars