Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
August 26, 2020
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OPERATOR: This is Conference # 5718509

Alina Czekai: Good afternoon. Thank you for joining our August 26th CMS COVID-19 Call with Nursing Homes. This is Alina Czekai, leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma.

Today we are joined by CMS leaders as well as providers in the field who have offered to share best practices with you all.

First, I'd like to turn it over to Jean Moody-Williams from the Center for Clinical Standards and Quality for an update from the agency. Jean, over to you.

Jean Moody-Williams: Great, thanks so much. And thank you all for being on the call. I always acknowledge that I know you're taking time away from your work to attend and hear the latest and we greatly appreciate this as we do believe and hope that it is helping to support you in the work that you do.

So yesterday, CMS released the third interim final rule as a part of our efforts to combat COVID-19. If you've had the opportunity to read through the rule, hopefully – I know it was just released yesterday, but you will notice that the primary theme of the new regulations is really to achieve the goal of increasing the testing of nursing home residents and staff and the reporting of test results and other COVID-19 data elements.

This testing and reporting is really vital to helping to win the battle against COVID-19 and protecting the health and well-being of Americans especially the most vulnerable among us in our nursing homes. So, while we have provided testing guidelines in the past, we're now mandating regular testing of both residents and staff for COVID-19 as a requirement for participation in the Medicare and Medicaid programs.

The rule requires testing based on parameters identified by the Secretary. Today, in support of the interim final rule, we just released guidance that will provide details on how to meet the new testing requirements, including how to conduct testing when there is someone who has COVID-19 symptoms, someone that tests positive, and conducting routine staff testing based on the county positivity rate.

So the guidelines are very detailed and it would take this entire call to walk through them line by line, but it does define and we took into consideration some of the questions that we've received from you and our prior guidance related to testing. We talk about what it means, what we mean by staff such as employees, consultants, contractors, volunteers and caregivers who provide care and services to residents on behalf of the facility.

It also includes information on prioritizing, and this is important. We want to prioritize individuals who need to be tested. So we know that that facility should prioritize individuals with signs and symptoms of COVID-19 first, and then also those in an outbreak situation should be tested. And then we do give guidance for routine testing as well.

Routine testing should be based on the extent of the virus in the community. Therefore, facilities should use their county positivity rate in the prior week, as the trigger for staff testing frequency. Now, the report of the COVID-19 county level positivity rates will be made available on a website that is listed in the guidance and it will be available beginning on August 28th. You should be able to find this data.

When making a decision about testing, you have to look at the county positivity rates to determine the frequency, and if it is less than 5 percent, then the frequency would be once a month, from 5 percent to 10 percent is once a week, and greater than10 percent is twice a week.

State and local officials may also direct facilities to monitor other factors that increase the risk for COVID-19 transmission, such as the rate of emergency department visits of individuals with COVID-19 like symptoms. So, you have to look at the county rate and then other factors that might be important.

Facilities that did not comply with the testing requirements will be cited for noncompliance at the condition level and additional enforcement remedies, such as civil monetary penalties will be imposed based on resident outcome. So, we look at the scope, the severity of the noncompliance, as we do in many other cases, and this is in chapter seven of the state operations manual.

Now, we do recognize that challenges exist and sometimes with performing routine testing and when a facility is unsuccessful in meeting the guidelines, surveyors will consider documentation that demonstrates a facility's attempt to perform and/or obtain testing in accordance with the guidance, looking at timely contacting state officials, multiple attempts to identify labs that can provide testing within 48 hours – all of those things become important.

In addition, we want to be able to enhance our ability to monitor compliance outside of just surveying. So we're looking at automated methods for determining compliance with the availability of data.

We also announced that we want to make this required testing as easy and as less costly for nursing homes as possible by providing point-of-care testing devices and test kits to every one of the nation's over 15,000 Medicare and Medicaid certified nursing homes if you have received a CLIA waiver to conduct low complexity testing.

And we've announced several times, almost weekly when we first started on this call, the importance of seeking to get that CLIA waiver. And that information is readily available from CMS on our website. Now, I also wanted to note that the point-of-care testing devices are appropriate for surveillance purposes and that I think it was yesterday or the day before the FDA actually issued a FAQ that indicates that antigen tests can be used for surveillance purposes in congregate care settings like nursing homes.

If there's an outbreak or high clinical suspicion of an infection in an individual resident, if they have symptoms for example, a negative point-of-care test should be confirmed with a highly sensitive molecular test. And you can refer to the CDC guidelines for more information on that.

It's not necessary to perform confirmatory high sensitivity, molecular tests on individuals with a negative antigen test or other points of care test results if they are obtained just doing your routine screening or surveillance, and there is no reason – there's no outbreak, there's no symptoms, et cetera.

Additionally, we will be helping facilities offset some of the costs of testing through, and this will be for new staff related, funding to the Provider Relief Fund, and you'll hear more about that later, I believe this week or next. Specifically, nursing homes will receive $2.5 billion in testing – for testing as well as for the areas that might be needed.

So, the last point I really wanted to mention is the CLIA laboratory reporting. The CARES Act requires all labs performing testing related to SARS-CoV-2 to report data daily for individuals tested. And this is reported to the appropriate state or local public health departments as required by the local law or policy within 24 hours of results.

This guidance that we released today and one of our memorandums will point you to the HHS guidance on how to report this information. And I know that our colleagues at the Centers for Disease Control and Prevention as well as others will be ensuring that you get information that you need to help you with this reporting. And we're all working together with that.

And so, because we want to ensure that you are reporting because there are CMPs that are attached to this, but we have also noted a grace period of three weeks to allow for the ability to learn what needs to be done and how to report. And I already know that some of you are already doing the reporting, but some are not.

The ISC does talk about some hospital reporting requirements as well, but I won't go into those. And there's some other provisions that are in there that you probably want to take a look at. We do talk about the SNF value-based purchasing program.

And due to statutory requirements we douse a single re-admission measure for determining SNF payments, we are changing the performance period for FY 22 program year from October 1, 2019 through September 30, 2020. Of

course, six months of that includes the 12 months –six months of that covers some of the wait period. So the performance period will be April 1, 2019 through September 30, 2020 so that we can have reliable information. So we're moving it back from October to April.

And finally, we did announce training on yesterday, unprecedented National Nursing Home training program for nursing home staff, frontline workers. We have information for those workers, as well as management.

And it's been designed with your input, input from the CDC and others from within, I think 24 hours of announcing it. We've already had 3,000 nursing homes sign up for it and several hundred completed already. So, please go in and take a look at that.

So, a lot of information, a lot going on. I'm going to stop there because we want to give a few minutes to our great guest speaker so we can hear from the front line. And then we'll save some time at the end for questions for either what I just spoke about or from our guest speaker, Ms. Pamela Doshier, who is the executive director of Dogwood Village of Orange County. So let me turn to you, Pam.

Pamela Doshier: Thank you very much. I've been asked to speak about things that we've been doing at our facility to prevent COVID. And we are still COVID free, which I'm very proud of. We have performed two surveillance testings and everybody came out negative; that was staff and residents. So we started out with locking down our facility before anybody else did and I think that kind of helped us get a head start.

We currently request that all residents stay in their rooms as much as possible, and if they do come out, they must wear a mask. One of the challenges has been with our dementia residents because they consistently will pull the mask off or pull it down under their nose or under their chin and we have talked to our staff about being consistent with them.

And now our dementia residents are in fact wearing their masks appropriately. We do have some residents that for safety reasons and fall prevention, we keep in our day room area. Because of that, we have developed a screen that

we put around the residence, and this screen is merely a clothing rack that folds into kind of an L shape.

And we put clear shower curtains on the clothing rack so that we can still see the residents, but they are protected from other residents walking up to them or rolling up to them should they not have a mask on and we have found it to be very effective.

At first some of the residents were a little distressed about it because they were like, I've got to be able to see you, I've got to be able to see you, and we very clearly showed them that they could see through the shower curtains, and that it was OK and made them feel secure and comfortable.

We do have a cleaning process in place for the shower curtains, that they are cleaned after every use so that there's no contamination left on them and put around another person. So if they're moved from one person to the other, they are cleaned consistently between them. We have scheduled window visits with the families. We have two designated areas with families to come and have window visits with their loved ones.

We do schedule that so that it's not several people all at once lining up to see their loved one. We also do FaceTime and Zoom meetings and I'm sure a lot of the facilities that are on this call do some of the same things. We have created an observation unit for all new admissions and they are on that unit for 14 days.

We have applied zipper doors to the doors on the observation unit so that should someone become symptomatic. Then we can zipper the door closed and still leave the door open for visual reasons and safety. We have also put a zipper door at the end of the hallway to block off access into the kitchen area because our dining services is right in the middle of our building.

And so we had to figure out some way to block off this unit so that the kitchen would still be considered in the clean zone and safe zone. So, we put a zipper door there as well. All of our admissions come into the entrance on that particular unit so they are not being taken throughout the building.

We do request and require that they get a negative COVID test prior to coming to us from the hospital and the hospitals have been doing that automatically. We've not had any issues with that at all.

We do request that there be minimal external appointments so that if a resident has to go out to the doctor, we determine with our medical director and our nurse practitioner whether it's an absolute necessary appointment or if it's something that could be rescheduled for later, like potentially just an annual dermatology inspection or teeth cleaning or something like that.

If someone does need to go out to an appointment, we arrange transportation through the transportation service who only takes one person at a time and they clean extensively in between each patient that they transport. And we have in fact observed them doing that whenever they drop somebody off or pick somebody up from our facility.

We do have our dialysis patients going out. We have talked to our dialysis center that services these residents and they have put in place the social distancing, the physical distancing, and they required to wear their PPE during the whole time. When they go out, they wear a gown, gloves, mask, goggles, and then when they return, we remove all of that and they are bathe and their wheelchair, if they are in a wheelchair, the wheelchair is cleaned as well. So we're trying to limit any potential for contamination of anything.

All our deliveries are dropped off outside of the building in designated areas and then we bring the goods into the building. If a vendor does need to come into the building, they are screened just like our staff are and they must wear full PPE. And I think that's about all.

Of course we're promoting all the staff wear masks and wash their hands and physically distance. And the staff are screened every day, when they come into work and if they should leave the building at any time and return, then they are screened again.

Jean Moody-Williams: Thank you so much for that great information particularly as we start to look at visitation guidelines. It's great to hear what you've been doing. It sounds like you have quite a number of avenues that you've been using to

ensure safety, creative methods. And so we invite others to share your thoughts as well on creative methods of moving for visitation.

So we have some time left for some questions and I believe we have some of our subject matter experts from CMS on the line as well. So if we could open up the line please for questions for CMS or for our speakers. Thank you.

Operator: As a reminder, to ask a question via telephone please press "star" "1." If you would like to remove your question, please press the "pound" key. Our first question comes from Doug Burr of Health Care Navigator. Your line is open.

Doug Burr: Yes, good afternoon. This is Doug Burr from Health Care Navigator, and we work with several skilled nursing facilities across four southeastern states. And in looking at the list of roughly 13,000 facilities that CMS has issued indicating that they would have their point-of-care testing devices by the end of September including all the nursing facilities from 10 states, and of those 10 states, it included the states of South Carolina, Georgia, Mississippi and Florida where we operate.

I found that we had four of our skilled nursing facilities that were not included in that list and should be. How do we go about getting those facilities on the list so they will actually receive a testing device within the cohort that's supposed to receive them by September 30th?

Jean Moody-Williams: Great. So, Evan, I'll let you handle that question.

Evan: Sure. Thanks. Good afternoon, everyone and thank you so much for your continued work in these difficult times. I believe there is on the website where we posted the information. I think that you should find an e-mail address where you can send the information about those facilities. So, and if not, by the end of this call, I'll try to get that e-mail address and I can announce it on this call.

But essentially, facilities should be able to get a CLIA certificate of waiver and that should enable them to get those – to be on the list. They do need to act quickly though, but luckily, the certificate of waiver process is very quick.

Doug Burr: Well these facilities already have their CLIA waivers and Evan I know how to get your e-mail address as well. So if there isn't an e-mail address on there, can I send you an e-mail directly on these buildings?

(Evan: Sure.

Doug Burr: OK, great. Thanks.

Jean Moody-Williams: OK, thank you. Next question, please.

Operator: Our next question comes from Kathy Hamblin. Your line is open.

Kathy Hamblin: Hi there. I was wondering, I know I heard your guest speaker talking about appointments and sending residents out in full PPE. My question is, is that something that surveyors are going to be looking at as to whether or not assisted living and/or skilled facilities place residents in isolation transmission-based precautions when they go out for an appointment as well as for emergency room visits?

Jean Moody-Williams: So does anyone want to take that? I know we have our CDC colleagues on as well.

Evan: This is Evan. I don't know if anyone else is on, but I'll just say that we – facility should follow what's on the CDC website for transmission-based precautions if someone has tested positive or somebody is suspected having COVID-19. And if not, then there is guidance on precautions that individuals should adhere to when leaving the facility. And that's what all facilities and surveyors should be following. Does that answer your question?

Kathy Hamblin: Well, I don't see anything specific in the CDC guidelines for what's considered an unknown, so is – we conferring our homes a bubble, and once you go outside the bubble then you are considered an unknown because CDC has guidelines on an unknown COVID, but they don't say that if you go to an appointment or you go somewhere that then that's considered an unknown exposure – unknown COVID status.

Evan: Yes. I think we – first off, I think it depends on the situation. Someone leaving the facility for extended periods of time and the type of situation that they are in makes a difference, for example, a difference between someone who routinely goes for, say dialysis, versus someone who is maybe just going outside for a little bit.

So, I think that – I don't think that there is CDC guidance that considers them all as someone that needs to have transmission-based precautions applied to them, but I do think that there is guidance that suggests that you should consider observing them, again, based on the conditions that they were in when they left the facility. But I don't know if anyone from the CDC has anything to answer – anything to add to that.

Kathy Hamblin: And just can I add that I know HCAM just recently submitted something that said people who go out for appointments are considered an unknown and quote the CDC on that.

Evan: I'm sorry, what is HCAM?

Kathy Hamblin: It's Michigan's Association, they had asked for some clarification, and so they talked to licensing and regulation in Michigan who said that, yes, if a resident goes out for an appointment, then they are considered to need transmission-based precautions and in today's – with the influenza coming up, how are we going to have enough PPE to be isolating every single person who goes in and out of the building without using any clinical observation?

Everybody's being screened. We're using source control. So now we're going to be cited. If we don't put someone in transmission-based precautions – I'm just questioning that.

Evan: What I would suggest is if we haven't addressed it on this call and if it's not addressed on the CDC website, continue to monitor that website as things change and maybe on a future call we can try to reference the areas on the CDC website that speak to individuals that leave the facility.

But it's really going to be the best source for information related to this and it's what both facilities and surveys should be following. And if we need to make

any specific direction to survors or that are different, then we can do that from the CMS end.

Jean Moody-Williams: Right, and we will relay this question on to the CDC as well. So thank you for bringing it up.

Kathy Hamblin: Thank you

Jean Moody-Williams: Thank you. I think we have time for at least one more question, please.

Operator: Our next question comes from Shannon Gutman. Your line is open.

Shannon Gutman: Hi. For the new mandated testing, is there a timeframe for which we have to have it completed by for that first round until we can move on to the chart?

Evan: Jean, you want me to take that?

Jean Moody-Williams: Yes. And just to state, there is a CLIA reporting requirement that has to be done within 24 hours to report that, but then I think you're talking about the other requirements. So, (Evan), I'll let you answer that.

Evan: Yes, sure. And I think it's important to remember that our testing recommendations and guidance on the CDC website, a lot of it is not new and many of you have been doing this for a while, which we thank you for and that's great, and it's only serving to help you and to help our nursing home residents.

One of the things that Jean mentioned earlier in her remarks is part of the guidance that was released, that talks about that a facility needs to document if they cannot meet the requirement today because of whether it's testing supplies or whether it's turnaround time from a lab, they need to document their attempts to fix that.

So, as long as facilities are doing their best to try to meet this requirement and have the documentation for doing that, then they will likely not be cited. But we do expect facilities to really do their best to try to meet this requirement. And for those that are doing it really, again, thank you for that and then should have no problem continuing on.

Jean Moody-Williams: OK, thank you. Thank you for the question. Thanks, (Evan). And thanks to all of you. I know as you have time to kind of digest the guidance because it was just put out, there likely be more questions and we are very happy to try and address it and wherever, as I mentioned earlier, we can't address, we can connect with our colleagues at CDC.

And even the FDA, as I mentioned, they have put out an FAQ and it's important for me to say that what I mentioned about asymptomatic testing is by way of a frequently asked question, so that if you're looking for that kind of documentation, that's the form you'll find it in.

So with that, I'll turn it back to Alina to kind of close this out.

Alina Czekai: Great. Thanks, Jean. And thanks everyone for joining our call today. Our next call will take place the second week of September. I can't believe we're already approaching September. In the meantime, you can continue to submit questions to our COVID-19 mailbox. And again, that's COVID-19@cms.hhs.gov.

As always, we really appreciate everything that you are doing for nursing home residents and their families around the country as we continue to address COVID-19 as a nation. This concludes today's call. Have a great rest of your day.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you for participating. You may now disconnect.

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