

Tuesday, January 12, 2021

HHS Extends Public Health Emergency

HHS Secretary Alex Azar has extended the **public health emergency** (PHE) due to COVID-19 effective January 21. The PHE is issued in 90-day increments and is slated to expire in April 2021.

The PHE extension means:

- **Section 1135 National, Blanket Waiver** remains in place. This waiver includes the telehealth and staffing waivers.
- **Section 1812(f) Waiver** also remains in place. This covers the waiver of the 3-Day Stay requirement and the waiver of the Spell of Illness.
- Because of the CARES Act statutory link to the PHE, the Medicaid increased FMAP continues until the end of the quarter in which the PHE ends. Therefore, the increased FMAP will flow to the states until June 2021. **More information is available here.**



VACCINE UPDATE

 **#GET VACCINATED**

AL in 1A Being Released January 18 / New #GetVaccinated Videos Now Available

Scheduling has begun for vaccine clinics in Assisted Living communities registered with the Pharmacy Partnership. That part of group 1A is scheduled to be released on January 18. In the meantime, AHCA/NCAL addresses important questions about the COVID-19 vaccine in a series of new videos as part of the **AHCA/NCAL #GetVaccinated campaign**. Please share these videos and have conversations with staff before your first vaccine clinic so we can increase the numbers of those receiving the vaccine. Questions include:

- **Why Should I Get the COVID-19 Vaccine?**
- **Does the COVID-19 Vaccine Cause Allergic Reactions?**
- **What are the Side Effects of the COVID-19 Vaccine?**
- **How Was the COVID-19 Vaccine Developed So Quickly?**
- **Will the COVID-19 Vaccine Cause Infertility?**
- **Why Should I Get the COVID-19 Vaccine Now When I Can**

Wait to See What Happens?

Please continue to check the AHCA/NCAL [#GetVaccinated](#) page for additional resources and updates.



More Vaccine Resources for Long-Term Care Facilities

CDC has released a [Vaccination Toolkit for Long-Term Care Facilities](#) and has updated its guidance on the [Importance of COVID-19 Vaccination for Residents of Long-Term Care Facilities](#) to include long-term care consent information for COVID-19 vaccination.



ADHS Publishes Vaccine Distribution Finder

ADHS launched a new webpage last week to provide information on the COVID-19 vaccine. Click on this link azhealth.gov/covid19findvaccine to learn more about how the vaccine will be distributed in phases, as well as locate vaccination sites by county

NOTICE OF CDC CHANGES

CDC Changes COVID-19 Test Reporting Requirements

CDC recently changed the COVID-19 test reporting requirements for CLIA-approved long term care facilities so that you 'may' now submit POC test data to NHSN. You **must** send it to the state or local public health departments. On December 22, 2020, HHS rescinded its prior requirement that nursing homes report COVID-19 point-of-care (POC) test results to NHSN. This does not eliminate the requirement that any provider using POC tests under a CLIA waiver must report their test results. It provides the flexibility to report those results through state and local public health departments ****OR**** through NHSN. This also does not eliminate the requirement to report positive cases of COVID-19 through NHSN. Here's the actual language and the change made:

Reporting requirements for SARS-CoV-2 tests

Every COVID-19 testing site is **required to report** to the appropriate state or local public health department every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. POC testing may be performed with a **Clinical Laboratory Improvement Amendments (CLIA) external icon** certificate of waiver, but reporting of test results to state or local public health departments are mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

CMS-certified long-term care facilities **may submit** point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC's National Healthcare Safety Network (NHSN). This CDC- and CMS-preferred pathway to submit data to CDC's NHSN applies only to CMS-certified long-term care facilities. Test data submitted to NHSN will be reported to appropriate state and local health departments using standard electronic laboratory messages. Other types of LTC facilities may also report testing data in NHSN for self-tracking or to fulfill state or local reporting requirements, if any. While NHSN is the CDC- and CMS-preferred pathway, Medicare and Medicaid-certified LTC facilities may submit data through the other mechanisms described in the Current Methods of Submission section of **covid-19-laboratory-data-reporting-guidance.pdf (hhs.gov)** to meet the reporting requirements. (ED: You'll notice in the link to the HHS guidance that it hasn't been updated and #4 still says 'shall'... this is being changed.)

Updated CMS County Positivity Rates

CMS posted an updated chart for county positive ratings using data through December 30, 2020. For SNFs, this is the data you need to use regarding your staff testing regiment. Green requires staff testing once per month, while Yellow requires staff testing once per week and Red requires staff be tested twice per week.

Check CMS data here weekly

Apache County, AZ	4001 AZ	9	71,887	Non-core	2,249	3,129	16.8%	Red
Cochise County, AZ	4003 AZ	9	125,922	Small metro	4,888	3,882	20.1%	Red
Coconino County, AZ	4005 AZ	9	143,476	Small metro	12,557	8,752	12.6%	Red
Gila County, AZ	4007 AZ	9	54,018	Micropolitan	1,801	3,334	17.1%	Red
Graham County, AZ	4009 AZ	9	38,837	Micropolitan	1,035	2,665	33.2%	Red
Greenlee County, AZ	4011 AZ	9	9,498	Non-core	69	726	14.5%	Yellow
La Paz County, AZ	4012 AZ	9	21,108	Non-core	818	3,875	14.1%	Red
Maricopa County, AZ	4013 AZ	9	4,485,414	Large central metro	304,893	6,797	16.9%	Red
Mohave County, AZ	4015 AZ	9	212,181	Small metro	9,938	4,684	27.7%	Red
Navajo County, AZ	4017 AZ	9	110,924	Micropolitan	4,339	3,912	21.0%	Red
Pima County, AZ	4019 AZ	9	1,047,279	Medium metro	52,393	5,003	26.2%	Red
Pinal County, AZ	4021 AZ	9	462,789	Large fringe metro	28,273	6,109	19.2%	Red
Santa Cruz County, AZ	4023 AZ	9	46,498	Micropolitan	2,739	5,891	26.6%	Red
Yavapai County, AZ	4025 AZ	9	235,099	Small metro	8,726	3,712	25.1%	Red
Yuma County, AZ	4027 AZ	9	213,787	Small metro	13,061	6,109	29.5%	Red

CMS Revises State's Criteria Triggering Infection Control Surveys

QSO-20-31-AII-REVISED (cms.gov) was revised on January 4, 2021. It adds five new triggers for states to conduct infection control surveys. Since June, CMS has required states to perform onsite infection control-focused surveys at nursing homes with previous COVID-19 outbreaks, or within three to five days of any nursing home with three or more new confirmed cases since their last report to the National Health Care Safety Network (NHSN). Facilities will face fines up to \$20,000 for non-compliance.

The five other factors that CMS added that would trigger a survey for providers are:

1. Multiple weeks with new COVID cases
2. Low staffing
3. Facilities that were selected for Special Focus Facility designation
4. If there are concerns related to conducting outbreak testing
5. If there are any "Immediate Jeopardy" allegations or complaints against the facility

CMS added that it will work with state surveyors to identify facilities that meet the additional triggering criteria.

CMS Magnifies Directed Plans of Correction

QSO-20-31-All-REVISED (cms.gov), as referenced in the previous article expands enforcement. We'll unpack the piece on the Directed Plan of Correction (DPoC). **CMS is intending** to improve accountability and sustained compliance with crucial infection control practices, which includes providing facilities with a DPoC to follow for deficiencies cited at F880 at a "D" level or above. The DPoC requires facilities to conduct a Root Cause Analysis (RCA) to identify the problems that resulted in the deficient practice. Facilities are to use the findings from the RCA to develop interventions/corrective actions to correct the deficient practice and prevent it from reoccurring.

Facilities will receive their DPoC with their survey results and notice of position of remedies. CMS will include what actions the facility needs to take and whether they are required to contract with an infection control consultant (usually required for harm level deficiencies or higher) to provide oversight/consultation for infection prevention and control in the facility. The DPoC will also include actions required by the QAA Committee and a list of required training for staff. CMS will also provide a checklist of required documentation the facility will need submit to ensure successful completion and implementation of the DPoC. CMS feels that this will facilitate lasting systemic changes within facilities to drive sustained compliance. Should you have further questions please contact AHCA's **Kay Huff**.

CMS Adds New ICD-10 Codes

CMS has added **six new COVID-19 ICD-10 codes**, effective January 1, 2021. An initial analysis of the new codes and updated coding sequencing guidance suggests that these new codes are typically expected to be used as secondary diagnosis codes to describe COVID-19 status or secondary or associated manifestations of COVID-19. When COVID-19 meets the definition of the principal diagnosis on the claim or reason for SNF stay in MDS item I0020B, then code U07.1 should continue to be used for that purpose.

[Read more](#)

CDC Releases Updated Toolkits

The CDC released its updated **Toolkit for Healthcare Providers | CDC** highlighting guidance and tools to help clinicians make decisions, protect patients and employees, and communicate with their communities, and updated its recommendations on:

- **The Importance of COVID-19 Vaccination for Healthcare Personnel | CDC**
- **Importance of COVID-19 Vaccination for Residents of Long-term Care Facilities | CDC.**

CMS Releases QMs Being Considered

CMS recently unveiled its **list of Quality Measures under consideration**. Though including a measure on the consideration list does not guarantee its adoption, the list represents a key first step and one built on collaboration between CMS and providers from earlier in the year.



The measures under consideration that they are looking at include: vaccination coverage among health care personnel, vaccination by clinicians, and vaccination coverage for patients in End-Stage Renal Disease (ESRD) facilities; five cost/resource use measures including, for example, episode-based costs associated with addressing diabetes or asthma/chronic obstructive pulmonary disease; three composite measures which summarize overall quality of care across multiple measures through the use of one value or piece of information; and two patient reported outcomes measures.

CMS expects to receive input from the Measure Applications Partnership (MAP) on the 2020 measures under consideration by February 1, 2021. Experts at CMS and HHS will work collaboratively based on this assessment to select final measures available for further public comment through a notice of proposed rulemaking in the Federal Register.



Important to Document Staff Shortage

Many of you have reported to AHCA your issues with staff shortages during this pandemic. Even before COVID-19 hit Arizona, staffing was an issue, and it has become exponentially worse over the last year.

There are no easy solutions or silver bullets for this problem. That said, please be aware that AHCA continues to strongly advocate for grant funding for staffing. The Governor's office made \$25m available to hospitals for staffing. We've been working with the state to make similar funding available for long term care.

Here's the challenge... ***we need objective data to support our case***. Many of you don't report staffing shortages in the NHSN database because you're covering them with management, increased overtime or other temporary solutions, *and this is currently the only documented data we have available to use in our advocacy efforts*. **So, if you choose not to document your staffing shortage in the NHSN data base, then please take the time to send it directly to me at dvoepel@azhca.org**. Please specify for me your daily hourly work shortage and the amount of dollars that position costs. Remember, this important information will help build a case for workforce funding distribution to long term care.

In the meantime, here's a short list of possible workforce solutions:

- Work COVID+ employees in positive units
- Use therapists as CNAs
- Use dietary staff to serve meals
- Use laundry personnel to make beds and help answer call lights
- Use the 8-hour TNA online course to establish temporary nurse aides. This program is from AHCA/NCAL and can be found at this link: **AHCA Education: Temporary Nurse Aide (ahcanca.org)**
- Cross train all staff
- DON, ADON, and MDS work as floor nurses
- Advertise on CraigsList
- Use the Nurse Registry
- Use healthcare staffing agencies or At Work, SnapNurse, Clipboard and others. Here's a list

- of agencies as compiled, but not endorsed by ADHS: [Click Here](#)
- Stop admissions until your staffing levels are where they need to be

AHCA will continue to work on increased funding for staff and together we'll get through this. Thank you for your hard work and perseverance!

Free Palliative Care Telehealth Now Available in Arizona

Patients experiencing acute or chronic COVID-19 symptoms and related complications now have another resource available for their care. Through a grant from ADHS, this free Palliative Care Telehealth program was launched to help give patients the option for care in their home while alleviating the current surge on our hospital systems.

Palliative Care Telehealth is a referral source for healthcare providers across Arizona to help their patients navigate through the complexities of COVID-19 related symptoms, or those chronic conditions exacerbated by COVID-19, by consulting with a palliative care specialist for symptom management or goals of care. After the consultation, the palliative care specialist will collaborate with the referring provider on any changes to the plan of care.

This program is administered by AzHHA with a grant from ADHS. The steering committee, which includes AHCA's Kay Huff and includes a diverse group of healthcare leaders and providers developed the Palliative Care Telehealth program.

[Frequently Asked Questions](#)

Centene Buys Magellan Health, Molina Closes on Magellan Medicaid Deal

Molina announced in April, 2020 plans to buy Magellan Complete Care, Magellan's Medicaid managed care plan division. That deal closed on December 31, 2020, see Market Watch for that story and the transition plan from AHCCCS. On January 4, 2021, Centene announced plans to buy Magellan Health behavioral health and specialty pharmacy platforms.

For further details check out [The Hertel Report](#).



Disaster Ready EPIC Addresses Visitor and Staff Screening

Visitor and staff screening practices in infection control has been one of the top ten deficiencies cited by ADHS in annual, complaint and special infection control surveys conducted from January 2018 through the summer of 2020. This *DR Epic* Tip Topic offers basic information on deficiency examples, potential corrective actions and preventive measures a facility can take to avoid future deficiencies.

[Additional Resources](#)



QUESTION OF THE WEEK



Q: Is visitation allowed in nursing homes during substantial community spread (>10%)?

A: According to **CMS QSO-20-39-NH** During high/substantial community spread (>10%) “= Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies.” Although CMS guidelines for visitation differs from ADHS’ Diane Eckles stated “ We are going with whatever is stricter, in this case CMS would be stricter than the state and the facility's P&Ps.”

To submit questions email the DR EPIC online Help Center at EPIC@azhca.org. You can also call the DR EPIC phone Helpline at 602-241-4644 and we will assist you.

Have a question? Send an email to [Kay Huff](mailto:Kay.Huff) or just reply to this email.

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