Weekly Roundup

...Reporting the state and national long-term care news

Please disseminate relevant information to the appropriate department.
☐**Administration** ☐**Nursing**   ☐**Dietary**   ☐**Activities** ☐ **Social Services**
☐**Rehabilitation** ☐**Housekeeping** ☐ **Maintenance** ☐ **Laundry**

Friday, May 15, 2020

The Alabama Nursing Home Association has a webpage dedicated to COVID-19 which is updated throughout the week. Go to anha.org/covid19. Information is arranged by category.

STATE NEWS

Recommendations for Stagnant Water Areas in Long-Term Care Facilities

As we continue to battle through the COVID-19 pandemic, there are serious health risks associated with stagnant water and long-term care facilities. It is understood that some community showers may not be used routinely during this pandemic which may create an area of stagnant water within these facilities. Stagnant water provides an optimum environment for waterborne pathogens to grow due to ideal water temperatures and a lack of disinfectant. A stagnant shower that is returned to use will discharge water in a "mist" form that can easily be inhaled into the lungs and potentially resulting in a person becoming infected.

Immediate Action: Unused areas need to be flushed at least weekly until returned to normal operations. Stagnant piping can back feed into the water system and contaminate other areas. This process should be outlined in the facility Water Management Plan. Testing should be done prior to occupancy to verify that no bacteria is present.

A water management plan that is compliant with ASHRAE 188 and the CDC for controlling legionella and other water-borne pathogens should be in place at each long-term care facility. This plan should outline the steps needed to resume operation within these areas that have not been in use. It is recommended that these guidelines be followed, and the proper documentation maintained.

Please see the recommendations below that adhere to these guidelines:
1. All areas of stagnation must be flushed thoroughly with both hot and cold waters. The flushing should continue until the chlorine levels in both the hot and cold waters are the same as the chlorine levels coming into the building. The hot water temperature should reach the maximum allowable temperature according to the local health department guidelines for scolding (120 degree maximum in Alabama).
2. Testing for legionella and water-borne pathogens should be conducted **PRIOR** to occupancy to verify the flushing was adequate.

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3. If the test results indicate the presence of legionella or other water-borne pathogens, we recommend that a low-level disinfection be conducted, and another round of testing be completed thereafter.
4. Replace the existing shower heads with those equipped with filtration that will remove legionella and other bacteria. The Nephros filter is used by Garratt Callahan at many healthcare facilities and has proven to be very effective. These filters last up to 6 months.
5. Once the desired results are achieved, resume normal operations while following the guidelines outlined in the water management plan.

NEW - Reporting Positive Results, COVID-19-Related Deaths, and Probable Cases

The Alabama Department of Public Health (ADPH) has updated the reporting of COVID-19. The PUI form has now been deleted from the ADPH website.

The new process is as follows:
An all-inclusive online COVID-19 REPORT Card is now available for reporting of:
- Positive COVID-19 test results
- COVID-19 related deaths
- Probable COVID-19 cases
    - Must have compatible COVID-19 symptoms AND be epidemiologically-linked to a laboratory-confirmed case.
    - These cases either have not been tested or are awaiting test results.

This online automated COVID-19 Report Card is accessible from all electronic devices, including your Android and Apple devices as well as personal computers, laptops, etc.

Once you have submitted a COVID-19 REPORT Card for your patient, there is no need to call the Alabama Department of Public Health (ADPH). However, our 24/7/365 emergency phone number (1-800-338-8374) is available if necessary.

Performing laboratories are required to report all negative and positive COVID-19 virus test results electronically (faxes do not count). If not already enrolled, laboratories will need to manually enter test results directly into the surveillance system; contact ALNEDSSsupport@adph.state.al.us to enroll staff today.

More information can be found on the ADPH website at https://www.alabamapublichealth.gov/covid19/healthcare.html.

ADPH Reminder on Reporting COVID-19 Cases

The Alabama Department of Public Health reminds everyone that facilities are responsible for reporting suspected COVID-19 to their local Health Department. If a facility is suspicious enough to test, it needs to report. The ADPH Bureau of Health Provider Standards would also appreciate a courtesy notification as well to Mia Sadler, mia.sadler@adph.state.al.us, and Lisa Pezent, lisa.pezent@adph.state.al.us.

Please Notify ANHA of COVID-19 Cases

Please notify the Alabama Nursing Home Association if your facility has a resident or staff member diagnosed with COVID-19. Email Katrina Magdon, kmagdon@anha.org, and John Matson, jmatson@anha.org. Thank you for your assistance. Also, you may refer media questions to John, and contact Katrina with your regulatory questions.

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers – LSC and Physical Plant

Each individual facility needs to address compliance with Life Safety Code (LSC) testing/inspection requirements based upon its own circumstances, understanding that the safety and health of both residents and employees are paramount during this difficult time.

ADPH-Technical Services asks that the facilities maintain thorough documentation when any testing/inspection was scheduled to occur and note that failure to perform the required testing/inspection was a result of the COVID-19 Outbreak. When the "blanket waiver" is lifted by CMS, each facility will be responsible for contacting the appropriate vendor to schedule ALL testing/inspection of LSC systems that were omitted during the COVID-19 Outbreak. Facilities must document all correspondence, to include each phone call or email as well as the anticipated date of service. This information will be reviewed when LSC surveys are resumed.

Additionally, facilities should evaluate options that "may" achieve various testing/inspection compliance and alleviate some of the burden at a later date. Facilities may consider having vendors test/inspect certain equipment without entering the building or having contact with the residents or staff. *Please see the attached document for more information regarding this issue.*

Tele-ICAR Recommendations

The Alabama Department of Public Health is working with the Centers for Disease Control and Prevention to help strengthen infection prevention and control practices at long-term care settings in light of the current spread of COVID-19. They are offering telephone infection control consultations to help protect your staff and residents from COVID-19.

As the Tele-ICAR calls have occurred in Alabama, we have been made aware of some suggestions for facilities that we thought we would share. *Please see the attached document for more information and suggestions.*

CMS Releases Memo on Interim Final Rule Updating Requirements for Reporting and Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes

The Centers for Medicare and Medicaid Services (CMS) released a QSO memo addressing the Interim Final Rule requiring nursing homes to report to NHSN on COVID-19 as well as provide notifications to residents, their representatives and families.

Some highlights from the memo are listed below. There are some important implementation dates members need to know.

CMS had previously communicated the effective date was May 1. However, CMS revised the effective date to be May 8, 2020.

Facilities must submit their first set of data by 11:59 pm on Sunday, May 17, 2020, to the NHSN Long-Term Care Facility COVID-19 Module.
- **Action:** Register now for NHSN and begin collecting data starting May 8, 2020. *[NOTE: registration is taking more time than expected and we encourage you to start now to avoid further delays that may impact your compliance.]*
  - The memo provides an overview of the registration process.
  - For NHSN questions, please email: NHSN@cdc.gov and add "LTCF" in the subject header.

CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). Facilities that do not begin reporting after the third week (by 11:59 pm on May 31, 2020) will receive a warning letter reminding them to begin reporting the required information to the CDC.

For facilities that have not started reporting in the NHSN system by 11:59 p.m. on June 7, ending the fourth week of reporting, CMS will impose a per day (PD) CMP of $1,000 for the failure to report that week.

For each subsequent week that the facility fails to submit the required report, the noncompliance will result in an additional one-day PD CMP imposed at an amount increased by $500.

For enforcement-related questions, please email: DNH_Enforcement@cms.hhs.gov.

New COVID-19 F-tags & Updated Survey Tools
CMS has established two new F-Tags - F884: COVID-19 Reporting to CDC and F885 COVID-19 Reporting to Residents, their Representatives, and Families.

CMS has updated survey tools including COVID-19 Focused Survey for Nursing Homes, Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes. These updated forms are posted to the Survey Resources folder in the COVID-19 Focused Survey sub-folder on the CMS Nursing Homes website. For more information regarding these updated tools, please visit https://www.cms.gov/files/document/revision-history-ltc-survey-process-documents-and-files-updated-05072020pdf.pdf and download the documents contained in the COVID19 Survey Folder.

- **Action:** Facilities should begin using the revised "COVID-19 Focused Survey for Nursing Homes" to perform their self-assessment. Surveyors will begin using these revised documents immediately.

Public Posting of NHSN Data Anticipated by the End of May
CMS anticipates publicly posting CDC's NHSN data (including facility names, number of COVID-19 suspected and confirmed cases, deaths, and other data as determined appropriate) weekly on Monday's at https://data.cms.gov/ by the end of May.

Multiple Q&A
CMS provides 22 Q&A in the last seven pages of the memo. Question 10 addresses retrospective reporting and reads as below:
- Q: Are facilities required to report data that predates the effective date (May 8) of the interim final rule?
- A: No, there is no requirement in the rule to collect older data.

Requesting NHSN Temporary IDs Webinar
The NHSN LTCF Team will be hosting a Zoom Webinar TODAY dedicated for LTCFs who still need a temporary enrollment number to complete NHSN enrollment. These webinars will be in a **listen-only** platform, allowing attendees to submit requests and immediately receive a temporary NHSN ID number. You will have the opportunity to join this session via ZOOM and you must register in order to gain access.

Please come prepared to enter the following information before receiving your temporary enrollment number(s):
- Facility Type(s)
- How many enrollment numbers do you need (one for each facility being enrolled)?
- Have you submitted a request to nhsn@cdc.gov requesting a temporary enrollment number for this facility? Yes or No
- First and last name of person who submitted the NHSN help desk ticket.
- The e-mail address used to submit the NHSN help desk ticket.

Please note that technology limits the capacity of Zoom users, so we advise that you join early to secure a spot. The webinar details are below.

Topic: Requesting Temporary IDs
When: May 15, 2020
Time: 12:00- 1:00 PM Central
Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_iL9PkynnR7ifuEQdoaobXg
After registering, you will receive a confirmation email containing information about joining the webinar.

A Note from ADPH Regarding NHSN
As we get closer to the official NHSN COVD-19 report date (May 17), we (ADPH) wanted to share the following resources with you regarding facility enrollment, data collection and data entry into the NHSN system. If you have any questions, please contact Melanie Chervony, HAI Coordinator at Melanie.Chervony@adph.state.al.us.

In addition, please send the contact information for your primary NHSN user to HAI@adph.state.al.us.

       Please include the following elements:
       NHSN Org ID:
       Facility Name:
       NHSN Facility Contact:
       Title:
       Phone Number:
       Email address:

NHSN COVID-19 LTC Module Resources
- LTC Guide to Using COVID-19 Module
- How to Add and Edit CCN within NHSN
- How to Upload COVID CSV Data Files
- NHSN LTCF Enrollment Guidance
- Resident Impact and Facility Capacity
- Resident Impact and Facility Capacity Instructions
- Resident Impact and Facility Capacity Template – downloads as CSV file
- Staff and Personnel Impact
- Staff and Personnel Impact Instructions
- Staff and Personnel Impact Template – downloads as CSV file
- Supplies and PPE
- Supplies and PPE Instructions
- Supplies and PPE Template – downloads as CSV file
- Ventilator Capacity and Supplies
- Ventilator Capacity and Supplies Instructions
- Ventilator Capacity and Supplies Template – downloads as CSV file

Webinar from NHSN: Completing Final Steps of NHSN Enrollment
When: Friday, May 15, 2020
Time: 2:00-3:00 p.m. CT
Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_SljMDQx2TD6ZL4wRzvzNLg
After registering, you will receive a confirmation email containing information about joining the webinar.

This webinar will be an abbreviated version of the earlier enrollment webinar, with a focus on commonly asked questions and tips for completing the final stage of NHSN enrollment for the LTCF COVID-19 reporting module.

Summary of CMS Reporting Requirements
The American Health Care Association (AHCA) developed a detailed summary of the QSO memo issued by CMS on May 6, 2020, including further information on:
- requirements for notifying residents, representatives, and families of COVID cases,
- NHSN reporting requirements, and

- survey and enforcement of these new requirements.

Although CMS has provided clarification on some aspects of these new requirements in the memo, we continue to communicate with CMS and CDC on several outstanding issues and to advocate for needed flexibility including an extended grace period for NHSN reporting enforcement due to the current delays and backlogs in NHSN enrollment.

NHSN COVID-19 Reporting: Accurately Reporting Staffing & PPE Shortages

NHSN COVID-19 mandated reporting for nursing homes has begun. AHCA recommends accurately reporting the staffing and PPE situation at nursing homes based on normal standards and guidance for PPE and staffing, not conservation guidance. **Federal and state governments will use this data to hold nursing homes accountable for care and services provided and to identify who needs additional resources**. It is important that the data reported to NHSN gives an accurate picture of staffing and PPE as well as the other areas collected in NHSN.

Given the instructions on NHSN, reporting that you have what you need, tells CMS that you have enough PPE and staff to follow conventional and normal practices, which will likely be used by surveyors when comparing what they find during their surveys. Please use the below guidelines.

Staffing
NHSN asks "Does your organization have a shortage of staff and/or personnel?" Answer YES if any of the following are occurring during the time period of reporting:
- Staffing **less than** your facility needs or internal policies for staffing ratios prior to COVID or based on increased needs since COVID
- Employing contingency or crisis strategies for staffing shortage
- Using more agency staff than you used before the pandemic
- Using volunteers for staffing needs more than what you may have used prior to the pandemic
- Using any temporary positions per waiver allowances (such as temporary nurse aide or temporary feeding assistant)

Note: This question was asked of NHSN regarding the completion of staffing shortage with the following response received.

Staff shortage is not specific to being out with COVID-19. A staff shortage could be indirectly related to COVID -19 [parents having to stay home to care for children or elderly parents, caring for sick others, self-quarantine due to potential exposure, transportation issue, etc.] so we didn't want limit to staff out with suspected or confirmed COVID-19. The question can be answered more generally - do you have sufficient staff to cover the need for today - whatever the reason.

PPE
NHSN asks "Do you have enough for one week?" each for N95 masks, surgical masks, eye protection, gowns, gloves, alcohol-based hand sanitizer. Answer NO if any of the following are occurring during the time period of reporting:

- **Employing any conservation strategies** for PPE use; if you are not able to use PPE per conventional transmission-based precautions in place before the pandemic you should answer NO
- **Using alternative PPE** such as cloth masks or other types of face coverings, clothing or other types of coverings instead of surgical gowns, or glasses for eye protection
- **Reusing any single use** supply item such as gown or masks
- If additional residents in the next week will need to be placed on precautions, it will compromise your PPE supply
- If additional staff in the next week will need to use PPE when returning to work, it will compromise your PPE supply
- If visitors or contractors in the next week need to visit, it will compromise your PPE supply

As a reminder, nursing homes should keep documentation of their efforts to secure more PPE as well as staffing. You should report to your local and state health departments that you are employing contingency and crisis strategies to conserve PPE and staffing.

As a reminder, to access PPE, you must activate your facility's aims account. In order to ensure your PPE needs are known to the Alabama Department of Public Health (ADPH), ***you must enter your PPE needs into the Alabama Incident Management System (AIMS) system regardless of what you enter into the NHSN System!*** The health care facilities who enter their PPE needs into the AIMS system *receive priority* as PPE is distributed throughout the state. If you have an immediate need, contact your local EMA to inquire if it has any supplies. Currently, the ADPH has distributed all the PPE from its warehouse. More shipments have arrived but must be tested in ensure these vital items are not faulty.

If you have not already done so, log-in and activate your facility's AIMS account. AIMS is operated by the ADPH and the University of South Alabama to coordinate health care services and needs during declared emergencies and disasters. Each nursing home has an AIMS account. If you don't know your facility's account information, contact the AIMS Coordinator at your local Healthcare Coalition (HCC). Click here for a list of the local AIMS Coordinators.

CDC Clarifies "Isolation" and "Quarantine"
The Center for Disease Control and Prevention has developed a new page regarding the definitions of "isolation" and "quarantine".

How are quarantine and isolation different?
Quarantine
Quarantine is used to **keep someone who might have been *exposed* to COVID-19 away from others**. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Isolation
Isolation is used to **separate people infected with the virus (those who are *sick* with COVID-19 and those with no symptoms) from people who are not infected.** People who are in

isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

For more information, please visit the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html?deliveryName=USCDC_2067-DM27717.

A Note from Alliant Quality – Assistance Regarding NHSN
Some facilities are getting the NHSN message following message due to the CDC team being covered up with the reporting effort:

"NHSN has received an unprecedented number of inquiries since the release of the new COVID-19 Module and the Centers for Medicare and Medicaid's (CMS') new requirements for nursing home reporting. We are making every effort to respond to every question in the shortest timeframe possible, but given the surge in volume, we are currently unable to provide support over the phone via the CDC Secure Access Management Services (SAMS) help desk. The NHSN Long-term Care Facility (LTCF) COVID-19 Module webpage has many resources such as facility enrollment steps, training opportunities, and guidance for health departments and other NHSN group users. Please continue to send questions to the NHSN helpdesk at NHSN@cdc.gov and include "LTCF" in the subject line. Facilities enrolling in the LTCF COVID-19 Module will receive confirmation of registration within 24 hours of completing the process, including required user response. All other questions from LTCFs will be answered within 5 business days. We thank you for your patience and understanding as we respond to your inquiries as quickly as possible. If you are enrolling a Long-term Care Facility in NHSN for COVID-19 reporting, please expect an initial response within 24 hours."

It is recommended that you may want to track your attempts to reach the NHSN team, so they have a record of their effort on this. Also, upcoming trainings are listed on the NHSN website, https://www.cdc.gov/nhsn/ltc/covid19/index.html and if you need assistance we have a staff member that can help and is a NHSN expert.

> **MARILEE JOHNSON, MBA, MT (ASCP),** Technical Advisor, Infection Prevention
> O: 919-695-8331, marilee.johnson@allianthealth.org
> Alliant Quality – Quality Improvement Group for Alliant Health Solutions
> 4601 Six Forks Road, Suite 340
> Raleigh, NC 27609
> www.allianthealth.org

CMP Grants for Adaptive Communicative Technology - UPDATE
The Alabama Nursing Home Association (ANHA) was informed by the Alabama Department of Public Health that Civil Money Penalty (CMP) funds may be used to provide residents with adaptive communicative technologies. The ANHA encourages you to read these documents and apply for assistive technology via CMP grants. CMS requests that all application include the brand and model of the device and the process used for disinfection (must be on the EPA N list.) CMS also asks for an average daily census. Completed forms should be emailed to Dennis Blair at ADPH, dennis.blair@adph.state.al.us.

[Click here for the CMP application template](#)
[Click here for the Application FAQs](#)

In order to receive the funds from the CMP account facilities will have to register an account in STAARS. The vendor is to go [procurement.staars.alabama.gov](#) and set up a VSS account.

Once you have an approved Vendor number you can submit an invoice to Robin Arrington at robin.arrington@medicaid.gov. A sample invoice is attached. ***Please make sure that you send the CMP Grant Template and the approval from ADPH with your invoice!***

Alabama National Guard to help sanitize nursing homes, train staff
The Alabama Army National Guard is helping nursing homes respond to COVID-19.

Specially trained National Guard teams will perform two tasks:
1. Sanitize and disinfect nursing homes that have COVID-19 positive residents and/or employees.
    a. The National Guard teams will have their own PPE and cleaning supplies.
    b. Their service is provided at no cost to your nursing home.
    c. The service does not include rooms/areas that house COVID-19 positive residents or those under quarantine. However, cleaning of those made possibly be arranged on a case-by-case basis.
2. Train nursing home staff on the proper way to don and doff personal protective equipment (PPE).

Here's how the process works:
- An Alabama Nursing Home Association staff member will contact you to ask if your facility wants the Alabama Army National Guard's assistance. Or, you may email Kerri Parker, kparker@anha.org, and tell her you want this service.
- If you want this free service, a member of the Alabama Army National Guard will contact you to discuss further details and schedule the cleaning/training.
- The National Guard team will perform the services on the scheduled date.

More UPDATES Related to COVID-19
Updated CDC Resources
The CDC has recently updated the following resources on its website:
- [Recommendations for Groups at Higher Risk for Severe Illness](#)
- [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens](#)
- [Healthcare Infection Prevention and Control FAQs for COVID-19](#)

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Decontamination of N95 Masks

Listed below is the process to follow regarding the N95 decontamination.

How to initiate Battelle N95 Decontamination:
Step 1: Download the Services Agreement, (downloads as Microsoft Word document) have your authorized representative sign it and return by email to PPEDecontaminationContracts@battelle.org. We will issue back a countersigned agreement.

Step 2: Once your signed services agreement has been sent, download and complete the Site Locations and POC Information form (downloads as Microsoft Excel spreadsheet) and return by email to Ben Presson presson@battelle.org.
Note: Each row of data in the excel sheet should be for a physical location at which you would like to send and receive masks. Example a countywide fire department would want to put in a line for each firehouse so each can send and receive masks directly.

Step 3: 3-digit site codes for each location will be provided to you after the services agreement is executed. The 3-digit codes are to be marked on each N95 respirator you collect. Begin collecting and labeling your N95 respirators. Each N95 respirator must be handled and labeled properly to be decontaminated. Below are specific instructions for details on how to collect, label, and package your respirators for shipment.
- Instructions for Healthcare Personnel (mask marking)
- Instructions for Healthcare Facilities
- HCP - Fact Sheet

It is VERY IMPORTANT that every N95 is properly labeled and free of any visible soiling such as blood, bodily fluids, and makeup. They can't decontaminate N95s that do not meet these requirements.

Step 4: SEND MASKS! When you prepare to send your N95s, you will need to download and fill out the Chain of Custody Form (downloads as Microsoft Excel spreadsheet). Please provide one form per shipment.

Other important details about the service are located in the Battelle CCDS™ FAQs.

Further Details:
Under the EUA from the FDA, Battelle is only able to accept **non-cellulose, NIOSH-approved** N95 respirators and certain imported, non-NIOSH respirators. Below are links to CDC/FDA resources to check and see if your respirators are compatible with our system:
- NIOSH-approved respirators
- Imported respirators

Please view the enclosed document regarding the process offered to Alabama facilities regarding decontamination of N95 Masks.

Coronavirus Pandemic Response: PPE Packages for Nursing Homes

Under the direction of the White House Coronavirus Task Force, FEMA will coordinate two shipments totaling a 14-day supply of personal protective equipment (PPE) to more than 15,000

nursing homes across the Nation. The mission will supplement existing efforts to ensure nursing homes across the country have PPE during the coronavirus (COVID-19) pandemic. FEMA will ship PPE to Medicaid- and Medicare-certified nursing homes based on input from the American Health Care Association to serve as a bridge between other PPE shipments.

1. Each nursing home will receive two shipments with a combined total of 14 days' worth of PPE.
2. Shipments of the first seven-day supply are expected to begin the first week of May.
3. Shipments of an additional seven-day supply will begin in early June.
4. The first shipments will focus on facilities within prioritized hotspots and expand to facilities across all 50 states, the District of Columbia, Puerto Rico, and Guam.
5. The total estimated amount of PPE includes more than 7.1 million surgical masks, nearly 32.3 million gloves, more than 922,000 goggles and other eye protection, and nearly 9.7 million gowns.
6. Each facility will receive an allotment of all four items based on the staff size of the facility, which ranges from fewer than 10 employees to nearly 500.
7. The level 1 medical gowns included in the shipments are intended for use in basic care settings for minimal risk situations. The gowns are durable and can be washed 30 to 50 times.
8. Due to the large number of nursing homes, facilities are not likely to receive notification prior to their shipment arriving. However, as possible, FEMA will provide notification to a state prior to shipments arriving at their Medicaid/Medicare-certified facilities.
9. The distributor that was awarded the contract to deliver these supplies is not involved with FEMA Project Airbridge initiative. Rather, this effort taps into the smaller operations that have supplies of various items in high demand, such as the level 1 medical gowns.
10. Due to the critical need for PPE at nursing homes where some of our Nation's most vulnerable residents live, these supplies are meant to supplement existing PPE efforts by the federal government. FEMA and HHS continue working with states, territories, and tribes on PPE needs through a variety of ways.

To Access PPE, You Must Activate Your Facility's AIMS Account

In order to ensure your PPE needs are known to the Alabama Department of Public Health (ADPH), *you must enter your PPE needs into the Alabama Incident Management System (AIMS) system*. The health care facilities who enter their PPE needs into the AIMS system *get priority* as PPE is distributed throughout the state. If you have an immediate need, contact your local EMA to inquire if it has any supplies. Currently, the ADPH has distributed all the PPE from its warehouse. More shipments have arrived but must be tested in ensure these vital items are not faulty.

If you have not already done so, log-in and activate your facility's AIMS account. AIMS is operated by the ADPH and the University of South Alabama to coordinate health care services and needs during declared emergencies and disasters. Each nursing home has an AIMS account. If you don't know your facility's account information, contact the AIMS Coordinator at your local Healthcare Coalition (HCC). Click here for a list of the local AIMS Coordinators.

Data Collection – Reporting Requirements for COVID-19 for Nursing Homes

The CMS requirement for nursing homes to report through the CDC's National Healthcare Safety Network (NHSN) portal went live on April 29, 2020.

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In this report, nursing homes will be asked questions about PPE, supplies, ventilators, etc. **This is not a PPE, supply and equipment request form. The data will be collected and evaluated at the national level. Please continue to enter requests for PPE, supplies and equipment into AIMS via notifications and messages.** Your requests are monitored by the Healthcare Coalition, and through district-wide resource management plans, is the best option to satisfy your urgent needs. If urgent resource needs can't be met at the Coalition level, the Healthcare Coalition team will elevate this request to other Healthcare Coalitions through a statewide message, and, forward it the EMA for assistance, as well.

If you have any questions, reach out to your Healthcare Coalition Coordinator, the Center for Disaster Healthcare Preparedness at the University of South Alabama, (251) 461-1805.

Nurse Aide Abuse Registry

Please note that the following individual has been placed on the Alabama Nurse Aide Abuse and/or Sanction Registry. This individual is prohibited from working in any long-term care facility. To check nurse aides, you can use the nurse aide web site at www.adph.org (Click on Contents A-Z - located in the dark blue at the top of the screen - then Click on Nurse Aide Registry - then Click in the white box and type in the Social Security Number of the person you are trying to find. Be sure and include the dashes in the SSN.)

Name	_Effective Date_
Chanisty Hanna	05/13/2020

NATIONAL NEWS

CMS Issues Nursing Homes Best Practices Toolkit to Combat COVID-19

The Centers for Medicare and Medicaid Services (CMS) released a new toolkit developed to aid nursing homes, Governors, states, departments of health, and other agencies who provide oversight and assistance to these facilities, with additional resources to aid in the fight against the coronavirus disease 2019 (COVID-19) pandemic within nursing homes. The toolkit builds upon previous actions taken by the Centers for Medicare & Medicaid Services (CMS), which provide a wide range of tools and guidance to states, healthcare providers and others during the public health emergency. The toolkit is comprised of best practices from a variety of front line health care providers, Governors' COVID-19 task forces, associations and other organizations, and experts, and is intended to serve as a catalogue of resources dedicated to addressing the specific challenges facing nursing homes as they combat COVID-19. The toolkit can be downloaded at https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf.

Attestation Period Extended for CARES Act Provider Relief Funds

The U.S Department of Health and Human Services (DHHS) announced that the attestation window and related acceptance of Terms and Conditions has been extended to 45 days, formerly 30 days, **from the date a provider received a payment to attest to and accept the Terms and Conditions or return the funds**. Members will need to identify the date of their initial funding relief payment and identify their new attestation and Terms and Conditions acceptance date based on the extension. In the press release, DHHS offers an example of how the extension of

the window will be operationalized.

Shortly after announcing the extension of the provider-specific attestation period, DHHS released an updated set of FAQs. Members should review the FAQs in detail and compare these with the Terms and Conditions. Below are preliminary highlights. Additional AHCA/NCAL assessment will be provided tomorrow.

- **Additional Funding is Available to Targeted and General Allocations**. This point has been a notable point of confusion. DHHS now states, "Any provider who has already received a payment from the Provider Relief Fund … should apply for additional funding."
- **General Fund Allocation Updates**. Skilled Nursing Facilities (SNFs) are eligible for general fund awards. Below is a list of new or updated:
    - *Higher Payment Than Expected*. DHHS describes what a provider should do if they believe payment is greater than expected or received in error;
    - *Description of Recoupment*. DHHS notes that in general the Department "does not intend to recoup funds as long as a provider's lost revenue and increased expenses exceed the amount of Provider Relief funding a provider has received. Additionally, in the General Allocation portion of the website, DHHS has added text bolstering this point and noting "there will be significant anti-fraud and auditing work done by HHS, including the work of the Office of the Inspector General."
    - *Expenditure of Funds on Individuals with Possible, Presumptive, and Actual Cases of COVID-19*. DHHS notes that Provider Relief Funds may be used for possible, presumptive, and actual COVID-positive patients and discusses each term.
- **Terms and Conditions Updates**. DHHS offers additional details on how it will monitor adherence to the Terms and Conditions and offers detail on certain provisions. The majority of the updates focus on the Targeted Allocations such as High Impact and Rural Allocations.
- **Rejecting Funds**. DHHS notes that "providers may return their General Distribution payment by going into the attestation portal indicate they are rejecting the funds. The CARES Act Provider Relief Fund Payment Attestation Portal will guide providers through the attestation process to reject the funds." AHCA/NCAL assumes DHHS' intent is within 45 days but will seek clarification.
- **Reporting Requirements**. The Department notes it will be posting specific reporting requirements in the coming weeks.

AHCA will continue to submit questions and examples of challenging fund scenarios to DHHS including Change in Ownership (CHOW), Tax Identification Number (TIN) aggregation, disaggregation, or lack of TIN arrangements, additional questions about financial terminology and use of tax filing data for validation.

Tackling High-Priority COVID-19 Challenges for Nursing Homes
The Institute for Healthcare Improvement, with support from The John A. Hartford Foundation, is launching the **COVID-19 Rapid Response Network for Nursing Homes** to support nursing home leadership, staff, residents, families, and communities impacted by the COVID-19 pandemic.

National Huddles Provide Pragmatic Solutions and Support
The Rapid Response Network features a **daily 20-minute National Nursing Home Huddle** to provide real-time, pragmatic solutions that can be implemented in nursing homes today to solve many of the key problems brought about or exacerbated by COVID-19.

Call topics will reflect the most pressing issues identified by those providing care for nursing home residents, including access to personal protective equipment (PPE), lack of testing, hospital to nursing home transfers, staff illness and absence, and staff attrition.

For more information about these daily 20-minute calls and to register please visit http://www.ihi.org/Engage/Initiatives/COVID-19-Rapid-Response-Network-for-Nursing-Homes/Pages/default.aspx.

Did You Know OSHA Has a New Video and Poster on Proper Workplace Use of Respirators?
OSHA released a new video and poster that show employers and workers how to properly wear and remove a respirator. The video and poster are also available in Spanish. For more information please visit https://www.osha.gov/Publications/OSHA4015.pdf.

Many Part B Therapy Code Edits Removed
As part of a recent COVID-19 related update to National Correct Coding Initiative (CCI) files, CMS announced the removal of many problematic claim coding edits related to Medicare Part B PT, OT, and SLP services. The changes are effective for dates of service beginning April 1, 2020. Medicaid and most private insurance also follow the CCI edit policies. Provider billing staff should review the updated files available on the PTP Coding Edit webpage and the Quarterly PTP and MUE Version Update Changes webpage.

CMS to Fix PDPM Variable Per Diem Glitch
SNF PPS Part A claims were not being paid day-1 variable per diem rates when a beneficiary switched from Medicare Advantage (MA) to fee-for-service Medicare Part A during a stay. AHCA reported to CMS that this was inconsistent with current policy.

CMS agreed with AHCA and on May 8 published a change request to the Medicare Administrative Contractors (MACs) to update the claims processing systems retroactive to October 1, 2019. A summary of the changes is posted in this MLN Matters article. Although this is retroactive, the systems changes will not occur until October 5, 2020.

Providers should notify billing staff that the MACs will adjust any improperly adjusted SNF PPS claims related to a beneficiary switch from MA to fee-for-service during a stay ONLY IF BROUGHT TO THEIR ATTENTION, so that the prior days count is corrected to exclude the MA days.

Telehealth Video: Medicare Coverage and Payment of Virtual Services
The Centers for Medicare and Medicaid Services (CMS) updated a video that answers common questions about the expanded Medicare telehealth services benefit during the COVID-19 public health emergency. New information includes how CMS adds services to the list of telehealth

services, additional practitioners that can provide telehealth services, and the distant site services that Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can provide. Further, the video includes information about audio-only telehealth services, telehealth services that hospitals, nursing homes and home health agencies can provide, along with how to correctly bill for telehealth services.

OTHER NEWS

Launch of Updated & Expanded Version of AHCA's Infection Preventionist Training (IPCO)

The American Health Care Association (AHCA) has released a new and expanded version of its popular Infection Preventionist Specialized Training (IPCO Version 2) that was first launched in 2017. The program is available to members and non-members.

Phase III Requirements of Participation took effect November 28, 2019 and mandate that every nursing facility have a designated and specially trained Infection Preventionist who is running a comprehensive infection prevention and control program. AHCA recommends that each skilled nursing facility train at least two Infection Preventionists through AHCA's IPCO training program should one Infection Preventionist leave the facility. The training is also highly recommended for assisted living communities because they care for a similar population and face similar infection risks.

IPCO Version 2 is designed to train Infection Preventionists and is approved for 25 ANCC contact hours. The online course is also now approved for 22 NAB CEUs for Administrators. AHCA recognizes Administrators will not serve as designated Infection Preventionists, but we recommend that Administrators consider taking the course to gain a deeper understanding of infection prevention and control in the overall operation of a nursing facility as this is a high target area for survey and liability.

A quick reminder that while CDC/CMS did release a free infection prevention training course in March 2019, AHCA's IPCO Version 2 training is far more comprehensive and includes updated information. AHCA's course also includes in-depth learning on topics such as water management, antibiotic stewardship and bonus content on key issues surrounding the COVID-19 pandemic.

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AL Board of Examiners of Nursing Home Administrators http://www.alboenha.alabama.gov
AL Dept. of Public Health http://www.alabamapublichealth.gov
CMS http://cms.gov