

Relief Package Passes the Senate, Signed by the President

Last night, the United States Senate passed and the President signed into law H.R. 6201, the Families First Coronavirus Response Act. Within our sector, the bill provides temporary 6.2% increase in Federal Medical Assistance Percentages (FMAP). This will allow for state Medicaid programs to have the funding needed to ensure that the most vulnerable patients and residents have continued quality care during the COVID-19 pandemic.

This bill also includes other provisions like free coronavirus testing, expanded food and unemployment assistance and paid sick leave. There are numerous questions about how these additional provisions will be implemented and what they mean for employers. AHCA/NCAL is working on finding answers to those questions and will provide a summary to members as soon as possible.

CMS National Webinar Yesterday (March 18th) Postponed

Due to technical difficulties with their phone lines, the CMS national webinar for LTC was cancelled and will be rescheduled. When we know the new date and time, we will notify you.

CDC Guidance on When HCP Can Return to Work

Many members are asking when a staff person who is staying home because of fever or respiratory symptoms can return to work. CDC posted [guidance](#) from March 16, 2020 on criteria for return to work. Use one of the below strategies to determine when health care personnel (HCP) may return to work in health care settings:

1. *Non-test-based strategy*. Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*
2. *Test-based strategy, if tests are available*. Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal

swab specimens collected ≥24 hours apart (total of two negative specimens)

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

CMS COVID-19 Guidance for PACE Organizations

On March 17, CMS released [guidance](#) for Programs of All-Inclusive Care for the Elderly (PACE) Organizations on how to respond to the COVID-19 pandemic, specifically related to infection control procedures and efforts to mitigate the spread of the virus, given that PACE organization participants are older adults who typically have serious chronic conditions and therefore are at higher risk.

CMS has directed PACE organizations to implement the following procedures:

- Establish, implement, and maintain a documented infection control plan that includes procedures to identify, investigate, control, and prevent infections in each PACE site, and in each participant's place of residence.
- Frequently monitor for potential symptoms of respiratory infection and follow state and federal requirements.
- Contact their state or local health department if they suspect a PACE participant or personnel (employee or contracted) has COVID-19, AND, if experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among participants and/or caregivers.

PACE organizations can use strategies such as telehealth for patient assessments, care planning, monitoring, release of pharmacy Part D “refill-too-soon” edits, home delivery, etc. to help mitigate the risk to beneficiaries from the virus. CMS will consider the implementation of non-programmatic efforts around COVID-19 on a case-by-case basis during oversight and audits activities.

Questions related to the memo should be submitted to <https://pace.lmi.org>.

AHCA/NCAL Guidance on Therapy Services During COVID-19

This [document](#) provides guidance for therapists on how LTC Facilities (SNFs and ALs) can operationalize federal and state guidance to significantly restrict visitors and non-essential personnel, as well as restrict communal activities inside LTC facilities as part of the effort to prevent COVID-19 from spreading. When deciding if a therapist needs to enter a building (regardless of their being an employee or outside contractor), we advise LTCs to consider the intent of the federal and state guidance in deciding. The intent is to restrict entry of as many people as possible, as each additional person entering increases the risk of COVID-19 entering.

Of course, this also needs to be balanced with trying to meet the needs of the resident. That risk-benefit trade off needs to be made on a case-by-case basis but should incorporate the high morbidity and mortality associated with

contracting this virus in the elderly over 80 (estimated at 15-20% or more).

Pharmacy and Pharmacists Procedures During COVID-19 Outbreak

Nursing facilities, assisted living communities and pharmacies should work together to ensure appropriate access to the facilities and to medical records so that pharmacists and pharmacy personnel can continue to provide essential services to their residents while adhering to guidance on restricting entry to the building to only essential personnel.

There is currently no waiver in the requirements of participation for skilled nursing facilities in Medicare/Medicaid related to a pharmacist's review. A pharmacist or pharmacy personnel must still be able to perform functions such as drug replenishment, controlled drug security/destruction, refilling electronic cabinets/eKits, and medication regimen review (MRR).

MRR reviews and some other pharmacy related duties can be performed remotely when possible, as long as the pharmacist has access to the full medical record. This may involve access to multiple electronic systems or a sequestered room within a facility (paper charts). Other emergency procedures include making deliveries dropped off at a dedicated location, such as a loading dock or secure area outside.

If a pharmacist or pharmacy staff need to enter the nursing facility or assisted living building to perform regulatory-required services, the pharmacy staff must follow appropriate screening and PPE procedures.

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