



Department of
Aging



Department of
Health



Department of
Developmental Disabilities



Department of
Medicaid

Medical Care Advisory Committee

May 21, 2020

Collaborative Effort: Community/Waiver & Facility

ODA/ODM
Community/
Waiver*

ODH/ODM
Facility* &
Regulatory

- ODA Weekly Conference Calls w/ Area Agency Aging, home & community/home health providers, nursing facilities
- Weekly meetings ODH/Regulatory with NF Associations
- Regular meetings with DODD and constituents
- **Facility Work Sessions with large group of association staff and clinical/administrative leaders**
 - **Toolkit**
 - **Developing HealthCare Isolation Center program**
- Meetings with Associations: NF, Assisted Living, Developmental Disability
- Meetings with Hospital Zone and NF/Facility association and member/leaders
- Meeting with 175 hospital reps from across the state
- Dr Applegate & Hurst and regulatory/epi staff from ODM/ODH have done numerous consultations

Created COVID Toolkit, Protocols, Resources & Training:

Available at ODM's [COVID-19 Website for LTSS Providers](#)

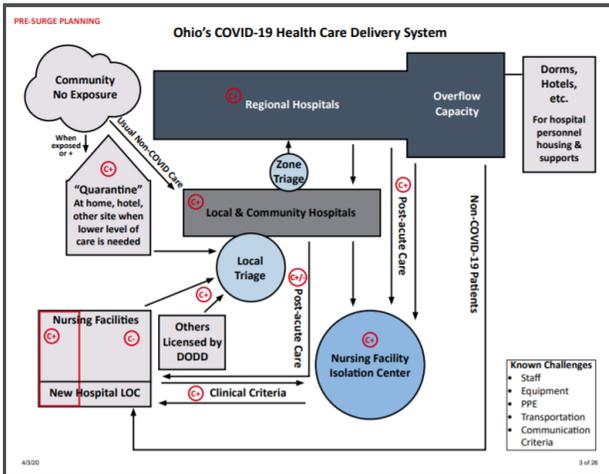
Toolkit Components

Concepts and System Flow Diagrams

- Introduction to Key Terms and Concepts
- Ohio's COVID-19 Health Care Delivery System
- Long Term Services & Supports (LTSS) Personal Protective Equipment (PPE) Contingency Planning
- Patient/Resident Journey in Nursing Facility / Congregate Care Settings
- COVID-19+ Patient Journey into Higher Levels of Medical Care
- Staff Journey in Nursing Facilities / Congregate Care Settings
- Patient/Resident Journey in Community Settings
- Staff Journey in Community Settings

Tools

1. Patient/Resident Population Assessment Checklist
2. Personnel Population Risk Assessment Checklist
3. Assessment of COVID-19 + Clinical Level of Severity (NEWS2)
4. Scoring Matrix for NEWS2
5. COVID-19 Symptom Monitoring Log
6. Patient/Resident Transfer Checklist
7. Hospital Discharge Criteria Checklist
8. Tips for Patient/Resident Social and Emotional Wellbeing
9. Tips for Staff Social and Emotional Wellbeing
10. Tips for Staff Attire and Personal Protective Equipment (PPE)
11. PPE Quick Guide - Contingency Capacity
12. PPE Quick Guide - Crisis Capacity
13. Tips for Cleaning and Disinfecting Homes and Congregate Care Settings



TOOL 12: PPE Quick Guide
Crisis Capacity

Exposure Status	PPE Requirements
No Exposure No Symptoms	<ul style="list-style-type: none"> Mask: surgical/medical facemask preferred, extended use/re-use all shift. <ul style="list-style-type: none"> When no approved facemask is available: <ul style="list-style-type: none"> Face shield with available mask Non-NIOSH approved mask (e.g. non-medical or handmade) Eye protection: only for routine precautions Gowns: only for routine precautions Gloves: only for routine precautions
Exposed No Symptoms	<ul style="list-style-type: none"> Mask: surgical/medical facemask, extended use/re-use all shift. <ul style="list-style-type: none"> When no approved facemask is available: <ul style="list-style-type: none"> Face shield with available mask Non-NIOSH approved mask (e.g. non-medical or handmade) Eye protection: extended use/re-use safety glasses Gowns: extended use/re-use of disposable or cloth gowns, dedicated to resident or room with like residents (no additional infection ex. C. diff) <ul style="list-style-type: none"> Consider medical coveralls, when no gowns are available: consider reusable/washable patient gowns, lab coats (worn backwards) Gloves: non-medical, industrial
COVID-19+ Confirmed or Suspected	<ul style="list-style-type: none"> Mask: surgical/medical facemask, extended use/re-use all shift* <ul style="list-style-type: none"> N95 only with aerosol-generating procedures Eye protection: extended use/re-use safety glasses Gowns: extended use/re-use of disposable or cloth gowns, dedicated to resident or room with like residents (no additional infection ex. C.diff) <ul style="list-style-type: none"> Consider medical coveralls, when no gowns are available: consider reusable/washable patient gowns, lab coats (worn backwards) Gloves: Non-medical, industrial

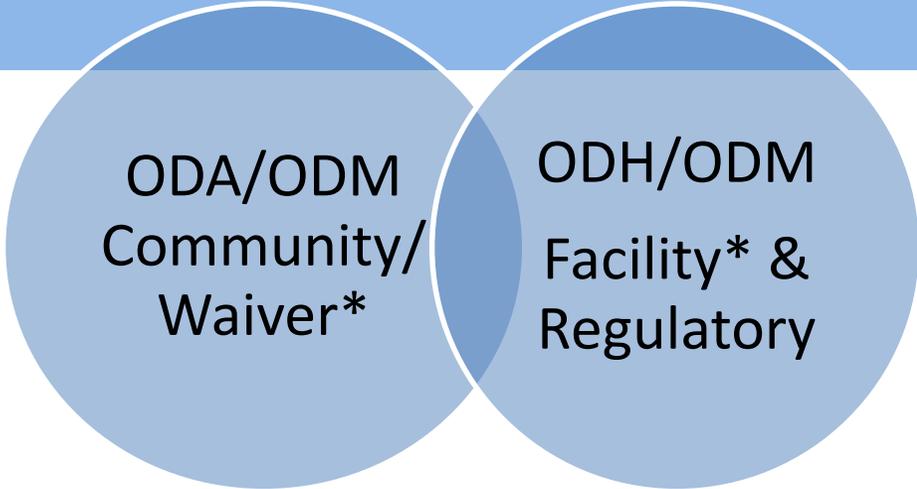
*Unless contaminated (wet, soiled, damaged)

PPE RESOURCES AND TRAINING & VIDEOS



Regulatory Relief:

Community/Waiver & Facility



ODA/ODM
Community/
Waiver*

ODH/ODM
Facility* &
Regulatory

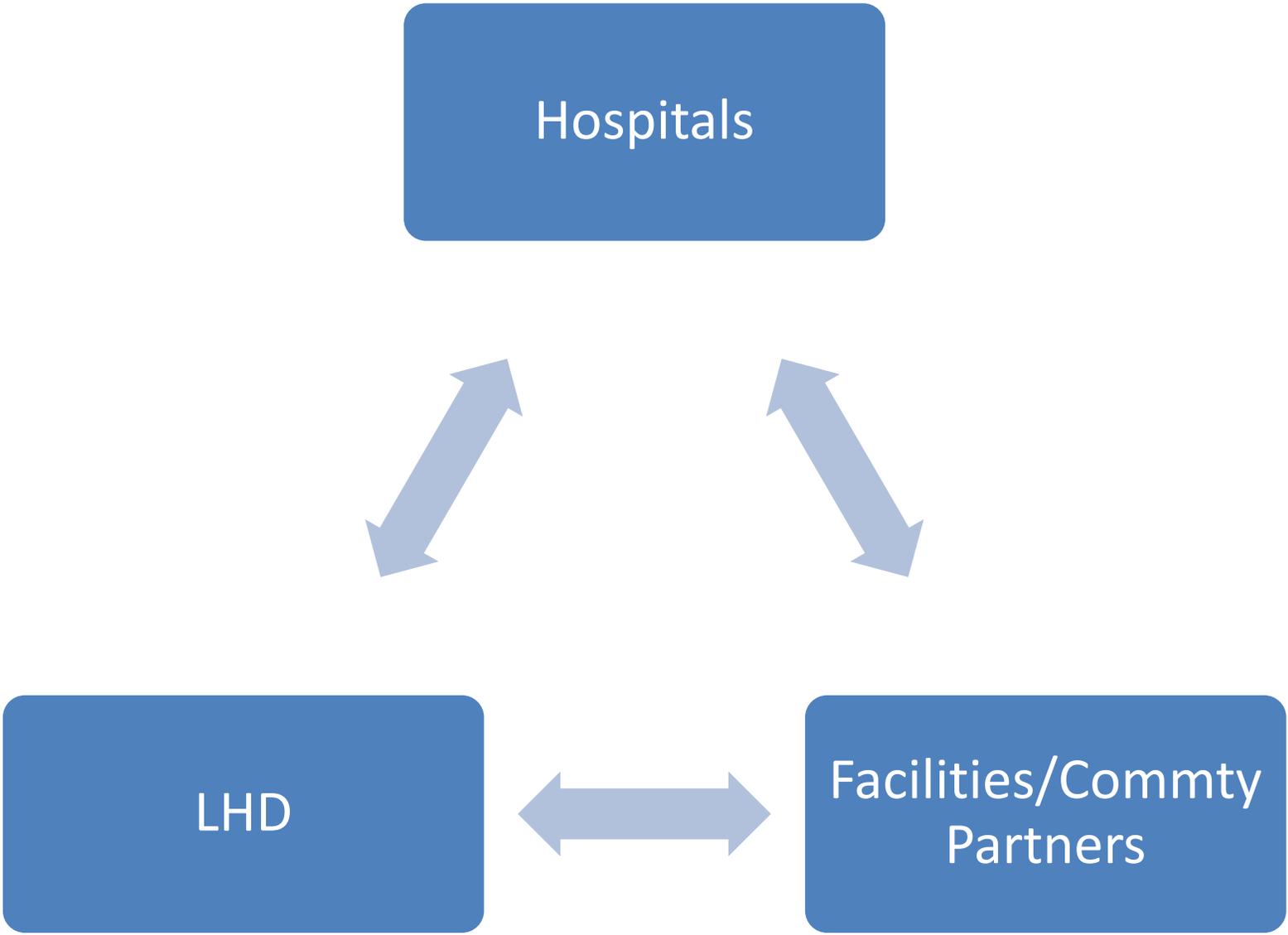
FACILITY

- Facility/NF Associations: review of every request from every letter
- Multitude of regulatory relief: 1135 ODH, 1135 ODM, Emergency rules/journal for relief
- Meetings with Associations and Clinical/Administrative leaders
- Inclusion of DODD and ICF/IDD

HOME & COMMUNITY

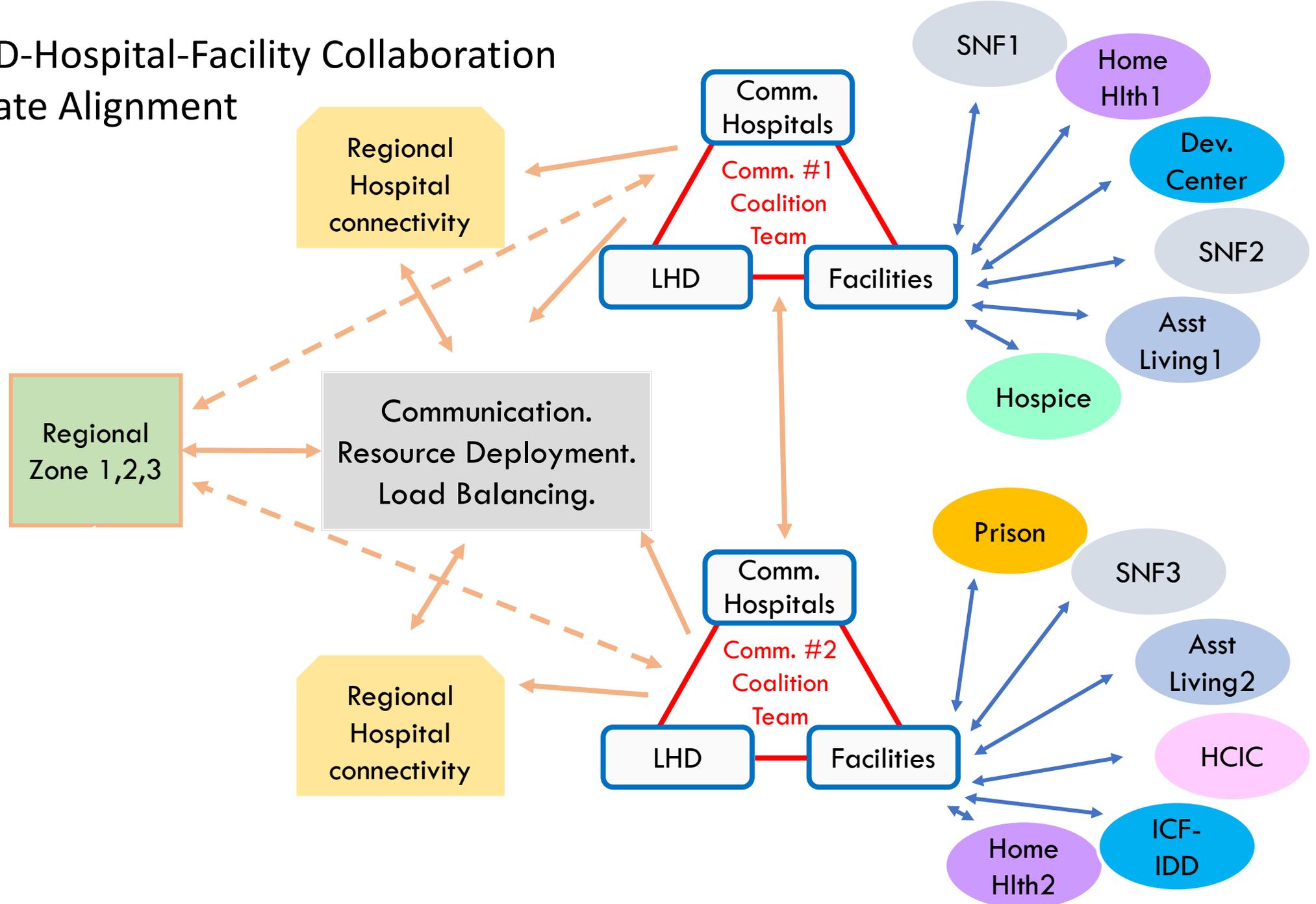
- Case management guidance, other health and safety
- DODD & County Board collaboration with providers
- Telehealth and telehealth waiver guidance
- Medicaid 1135 and Appendix K submission

Hospital-Community Collaborative Protocol



Community LHD-Hospital-Facility Collaboration & Proposed State Alignment

COVID
"WATCH
DESK" &
RAPID
RESPONSE



Purpose of Hospital-Facility-LHD Local Coalitions:

Communication. Resource Deployment. Load Balance.

1. **Develop locally coordinated clinical support to ensure better care for the entire community**
 - » This process must build upon, complement, and extend existing local efforts. Not supplant.
 - » Must leverage each community's unique existing clinical and operational problem-solving capabilities.
2. **Streamline real-time information sharing and communication**
3. **Standardize approaches to improve clinical efficiency and results** in ways that match the unique characteristics of each community. Must involve work with local infectious disease and public health experts.
4. **Maximize allocation and use of resources** based on broader identified areas of need (often focused on PPE and testing.)
5. **This includes state level surveillance and monitoring, incl. guardrails for managing PPE & Testing** to ensure transparency and equitable access statewide.

Health Care Isolation Centers (HCICs)

Health Care Isolation Centers (HCICs)

- Congregate care facilities are working with region/zone leadership to establish new HCICs that specialize in the care of patients who:
 - » Have been exposed to COVID-19 but are asymptomatic (quarantine) and/or
 - » Require treatment for COVID-19 confirmed or probable illness (isolation)
- To apply, the HCICs must submit joint letter with region/zone to confirm the zone needs to add capacity for quarantine and/or isolation
- HCICs will be regulated by the Ohio Department of Health
- Some HCICs will be eligible for payment from Ohio Medicaid
- Team of ODH/ODM staff will be available in each zone to assist

COVID Status

Patient/Resident COVID-19 Status

One of the most important things we can do during this public health crisis is to identify and physically separate individuals based on their exposure to and contraction of COVID-19. This action is necessary to prevent the spread of the infection to both patients/residents and health care personnel.

With this in mind, patients/residents should be divided into the following three status categories: no exposure, exposed, and COVID-19 +.

No Exposure *No Symptoms*



Many residents appear well and are able to receive care as they would under usual circumstances. Even with these individuals, staff should create a culture of safety and practice vigilant sanitation and cleaning (e.g. frequent handwashing, daily sanitation) and staff interacting with non-exposed patients/residents should wear facemasks.

Exposed *No Symptoms*



A subset of patients/residents will be notified by the local health district and/or will have known direct contact for an extended period of time with someone who has contracted COVID-19. These individuals require careful monitoring for a 14 day period, and additional PPE should be used when interacting with people in this status.

COVID-19 + *Confirmed or Suspected*

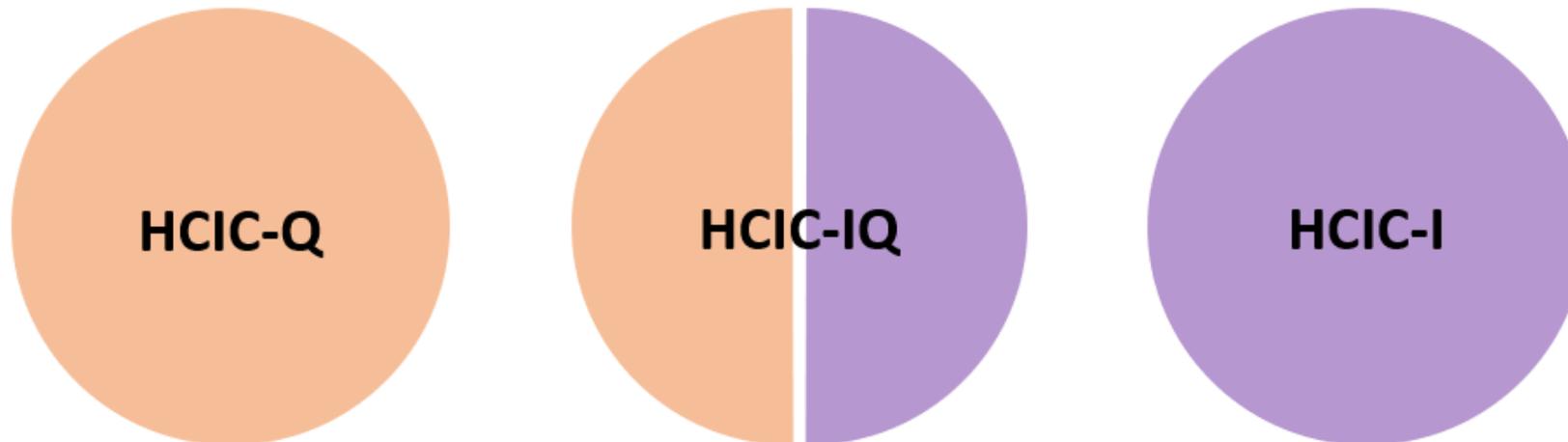


At this point in the pandemic, all people who have respiratory symptoms and those who have tested positive for the illness should be carefully assessed and monitored for escalating symptoms. We realize that this categorization is not perfect, as the CDC recently acknowledged that people who have COVID-19 are infectious 2 days before symptoms appear. With an abundance of caution, we recommend additional required PPE when working with these individuals, as outlined in this document.

HCIC Levels – HCIC-Q, HCIC-I, HCIC-IQ

Health care Isolation centers (HCICs) provide a “COVID-19 level of care” and/or a “quarantine level of care.” HCICs will be categorized as follows:

- An HCIC-Q will provide only a quarantine level of care (services for the individuals shown in orange).
- An HCIC-I will provide only a COVID-19 level of care (services for the individuals shown in purple).
- An HCIC-IQ will provide both a quarantine level of care and a COVID-19 level of care (individuals shown in orange and purple)



Medicaid Fiscal Considerations

- HCICs that have been designated as COVID-19 Community Providers will be reimbursed using a tiered flat per diem rate system that matches reimbursement to the care needs related to the COVID-19 diagnosis or exposure.
- Per diem rates will be established using high need RUGS weights and Ohio NF cost experience. **Draft** rates under consideration are as follows:
 - » Quarantine Level: \$250 per day
 - » Level 1: \$300 per day
 - » Level 2: \$448 per day
 - » Level 3: \$820 per day
 - » Level 3 on ventilator: \$984 per day

Regulatory Oversight - Requirements

- Individuals interested in operating an HCIC should contact the Ohio Department of Health as set forth in Appendix 10, the HCIC Center Requirements/Application/TA packet.
 - » An HCIC must include a letter signed by the facility and the regional hospital zone documenting the need for the isolation and/or quarantine capacity with their application.
- HCICs will comply with the rules and guidelines issued by the Centers for Medicare and Medicaid Services (CMS) as any bed capacity increase will be in certified beds only pursuant to the 1135 waivers issued by CMS, and any additional conditions as stated below.
- All HCICs must be in physically discrete space. Such separate identifiable capacity requires a separate building or wing.
- All HCICs must comply with all rules and guidelines promulgated by CMS for participation in the
- Medicare/Medicaid program as well as additional conditions related to staffing, infection control and respiratory care.
- The State Long Term Care Ombudsman will have the same role and access to all HCICs as nursing homes.

Technical Assistance & Closure

- The Ohio Department of Health and Ohio Department will provide designated TA teams to support providers.
 - » Start-up
 - » Operation and closure
- TA Contacts:
 - » Zone 1: James Hodge: James.Hodge@odh.ohio.gov
 - » Zone 2: Rebecca Sandholdt: Rebecca.Sandholdt@odh.ohio.gov
 - » Zone 3: Julie Evers: JULIE.EVERS@medicaid.ohio.gov
- Coordination within the Public Health Hospital Zone is required
- The certified beds created for a HCIC shall be temporary. The beds shall not be sold or transferred between nursing facilities.

Connection with Zone Leads

ZONE 1:

- Dr. Sean Cannone: Sean.Cannone@UHhospitals.org
- Dr. Alice Kim: KIMA@ccf.org
- James Hodge (ODH): James.Hodge@odh.ohio.gov

ZONE 2:

- **Region 4:**
 - » Jodi Keller, RN: jkeller@centralohiotraumasystem.org
 - » Dr. John Weigand: JWeigand@cog-med.com
 - » Dr. James Lawlor: James.Lawlor@osumc.edu
 - » Tina Latimer, RN: Tina.Latimer@osumc.edu
 - » Rebecca Sandholdt (ODH): Rebecca.Sandholdt@odh.ohio.gov
- **Regions 7 & 8:**
 - » Kelsey Blackburn, CHEP: kblackburn@centralohiotraumasystem.org
 - » Dr. John Weigand: JWeigand@cog-med.com
 - » Dr. James Lawlor: James.Lawlor@osumc.edu
 - » Tina Latimer, RN: Tina.Latimer@osumc.edu
 - » Rebecca Sandholdt (ODH): Rebecca.Sandholdt@odh.ohio.gov

ZONE 3:

- Dr. Richard Shonk: RShonk@HealthCollab.org
- Julie Evers (ODM): JULIE.EVERS@medicaid.ohio.gov

Thank you for attending

