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## **CMS Issues Nursing Home Reopening Recommendations for State and Local Officials**

Today, CMS provided [recommendations](#) on a nursing home phased reopening for states. The recommendations cover the following items:

- Recommendations for testing residents and staff
- Dedicated space for cohorting residents with COVID-19
- Criteria for relaxing certain restrictions and mitigating the risk of resurgence
- Visitation and service considerations
- Restoration of survey activities

The guidance encourages state leaders to collaborate with the state survey agency and local health departments to decide how these criteria should be implemented. Given the critical importance in limiting COVID-19 exposure in nursing homes, CMS recommends that decisions on relaxing restrictions be made with careful review of the following facility-level, community, and state factors:

- Baseline test of all residents, weekly testing of all staff, practicing social distancing, and universal source control for residents and visitors (e.g., face coverings)
- Status of COVID-19 cases in the local community
- Status of COVID-19 cases in nursing homes
- Adequate staffing
- Access to adequate personal protective equipment (PPE)
- Local hospital capacity

AHCA/NCAL's detailed analysis is forthcoming.

Read the [press release](#), [guidance](#) and [FAQs](#) from CMS.

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## Infection Prevention Control Officer (IPCO) Version 2 Training Now Available with BONUS COVID-19 Content

The emergence of COVID-19 has compounded the need for centers to have an effective infection prevention and control program. AHCA/NCAL's new and expanded version of its popular Infection Preventionist Specialized Training, [IPCO Version 2](#) is now available. The online training is recommended for individuals responsible for infection prevention and control in all long term care settings, including assisted living communities.

IPCO Version 2 is designed to train the Infection Preventionists to run a comprehensive infection prevention and control program. It is also now available for administrators to take to gain a deeper understanding of the infection prevention and control in the overall operation of a nursing facility. AHCA/NCAL recommends that each skilled nursing facility train at least two Infection Preventionists through [AHCA/NCAL'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 can face similar infection risks.

As an added feature to all participants registered for the IPCO Version 2 program, bonus content related to COVID-19 is included. The bonus content includes topics such as: Interim COVID-19 Guidance, courses on PPE, and N-95 mask use.

Members will need to login with their AHCA/NCAL usernames and passwords to register for [IPCO Version 2](#). For assistance obtaining AHCA/NCAL usernames and passwords, members should e-mail [educate@ahca.org](mailto:educate@ahca.org) with their name and facility contact information.

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## OSHA Alert on Nursing Home and Long Term Care Workers' Safety

The US Department of Labor's Occupational Safety and Health Administration released [guidance](#) aimed at protecting nursing homes and long term care facilities workers from exposure to COVID-19. Many of the recommendations are based on CDC guidance including optimizing PPE, screening workers and sending sick workers home. The guidance includes encouraging staff to report any safety or health concerns and staggering breaks to avoid overcrowding in the break room.

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## Updated CARES Act Provider Relief Fund FAQs

The U.S. Department of Health and Human Services has posted a reorganized and updated set of [Provider Relief Fund FAQs](#). Structurally, the document now

is broken out by Allocation type: Targeted, General, Uninsured, Rural and Indian Health Services. FAQs of interest to AHCA/NCAL members that have received grants, specifically SNFs, include:

- **Additional detail on Attestation** – DHHS provides information on accepting funds, rejecting funds, as well as how to accept one award but reject another.
- **Publication of Payment Data** – Through a CDC data portal, DHHS now is displaying award data by provider name and award amount. Tax Identification Numbers (TIN) and provider type are not included in the [database available here](#). DHHS notes in the FAQs is does not intend to add data elements such as NPIs, TINs, or other provider identification details.
- **Tranche 2 General Allocation Formula** – DHHS show the formula and discusses why a provider that received a Tranche 1 allocation might not have received a Tranche 2 allocation.
- **Payment Portal** – DHHS offers guidance on how providers without a TIN, such as county owned providers may attest and/or apply for funding.
- **Additional Payments** – Additional detail is provided on requesting additional funds in the context of the 2% limit.

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## Economic Impact Payments for Social Security and SSI Beneficiaries with Representative Payees

The Social Security Administration recently issued an update that beneficiaries who have their regular monthly payments managed for them by another person, called a representative payee, will begin receiving their economic impact payments (EIPs) from the IRS in late May.

It is important to note that under Medicaid rules, a stimulus payment is not counted as income. Therefore, receiving a stimulus payment does not change a resident's monthly payment (often called a 'patient pay amount' or 'share of cost'). The resident pays the same monthly amount to the nursing facility and keeps the stimulus payment for their own use. In addition, the stimulus payment does not count as a Medicaid resource for 12 months. In other words, for the first year, the payment cannot cause you to have 'too much' savings.

More details on these payments can be found in this [SSA press release](#). You may also find information about the eligibility requirements and other information about the Economic Impact Payments [here](#). In addition, please continue to visit the IRS at [www.irs.gov/coronavirus](http://www.irs.gov/coronavirus) for the latest information. Social Security will continue to update the agency's [COVID-19 web page](#) with additional information.

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## H.R. 6800, The HEROES Act Passes the House

On Friday, May 15th, the United States House of Representatives passed H.R. 6800, The HEROES Act, another piece of legislation aimed at addressing the

effects of the COVID-19 pandemic. This bill was passed largely along party lines with most Democrats voting for it and Republicans voting against the package. Leader McConnell has stated that he will not bring up this legislation in the Senate. The Senate is likely to craft its own bill. We will continue to work with both chambers and advocate for our priorities during this challenging time

Of particular note to our sector, below are the provisions found in the bill:

- Ensures an additional \$100 billion for the provider fund.
- Improves the Accelerated and Advance Payment Program that has been critical to keeping providers afloat including lowering interest rates for repayment.
- Allows facilities with the most losses from this pandemic to be compensated fairly.
- Increases the Federal Matching Assistance Percentage (FMAP) by 14 percentage points through June 30, 2021. At a time of financial instability, this would ensure State governments have the resources they need to continue providing critical services.
- Delays the implementation of the Medicaid Financial Accountability Rule (MFAR) until the end of the emergency period.
- Requires Medicare's Quality Improvement Organizations to provide infection control support to nursing homes struggling with COVID-19 outbreaks.
- Ensures skilled nursing facilities have a means for residents to conduct "televisitation" with loved ones while in-person visits are not possible during the COVID-19 emergency.
- Requires public reporting of positive cases in nursing facilities.
- Provides \$150 million to states to create strike teams if three or more residents or staff are diagnosed with COVID-19 in a 72-hour time period.
- Provides a 20 percent per diem increase for facilities with COVID-19 only units.
- Provides a \$13.00 increase in wages for essential workers up to \$10,000.

As the Senate begins to consider this bill, we will keep you updated as to what the final outcome will be.

Please email [COVID19@ahca.org](mailto:COVID19@ahca.org) for additional questions, or visit [ahcancal.org/coronavirus](http://ahcancal.org/coronavirus) for more information.

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