

Response to Nursing Home Plan for Coronavirus Pandemic

Support for Frontline Workers

The Governor's Office and applicable state agencies recognize and understand the important work that nursing home staff do every day. From housekeeping staff to direct care staff, these individuals serve our most vulnerable populations. The State is committed to recognizing and thanking these selfless individuals for their service during this unprecedented time.

Testing

The Governor's Office and Illinois Department of Public Health (IDPH) recognize the importance of testing both residents and staff of long-term care facilities for purposes of treatment and infection control. As supply chain challenges have begun to resolve and more testing supplies have become available, the State is committed to testing this population at a high rate to ensure the safety of residents and staff.

IDPH's goal is to provide testing to every long-term care facility in Illinois in need of testing. Until we have enough resources and supplies to do that, IDPH will prioritize skilled nursing facilities that meet one of the following criteria:

- Located in a county or zip code with high COVID-19 case burden
- Located in a county with high increase in the rate of change over three days
- Located in a socially vulnerable census tract based on the CDC's social vulnerability index

In order to provide the most effective mitigation strategies with limited resources, testing in facilities will occur as follows:

- Facilities **without** identified COVID-19 cases, IDPH will test all *residents and staff* in order to assess whether the facility has any undiagnosed cases among residents and staff. IDPH is prioritizing these facilities to swiftly implement mitigation strategies to decrease probable spread.
- Facilities **with** identified COVID-19 cases, IDPH will test all *staff* in order to prevent continued transmission of the virus through staff. IDPH is prioritizing staff at COVID-19 positive sites in order to decrease spread.
- Support Teams will be sent to the locations to administer tests to residents and staff, as applicable, provide training to staff on test administration, and provide basic infectious disease guidance. See below for details.

Long-term care facilities that are currently providing testing to staff and residents consistent with IDPH priorities identified above should continue to do so.

PPE

There is an immense shortage of PPE across the country due to the COVID-19 pandemic.

Because of this shortage, the price for PPE has increased significantly. The Illinois Emergency Management Agency (IEMA) is prioritizing PPE needs across the state. Nursing homes should continue to submit requests for supplemental PPE to their local health departments, including details on the specific type of PPE they are requesting. The local health departments communicate those needs to the local emergency management agency. The request is then sent to the State Emergency Operations Center, which coordinates the movement of PPE across the state to provide supplemental supplies of PPE to local health departments, long-term care facilities, hospitals, and EMS.

In order to continue to best serve residents, long-term care facilities should also continue to source their own PPE from vendors. Health care facilities, including long-term care facilities, have always been responsible for sourcing their own PPE. During emergent situations, the State will continue to supply long-term care facilities with as much PPE as possible, but long-term care facilities should make all possible attempts to continue procuring PPE themselves. These efforts in tandem will help ensure safety for the residents and staff of facilities. Other supplies, such as thermometers, pulse/ox meters, blood pressure cuffs, alcohol wipes, and other sanitation supplies, are routine care items for nursing homes. Efforts to procure these items should continue at the facility level.

Management companies, facilities in proximity to each other, or facilities within the same association should consider procuring large orders together from the same vendor to lower the price of PPE.

See attachment: "Long Term Care Facilities Personal Protective Equipment Resource Request Guidance"

Staffing

IDPH recognizes that as testing increases in nursing homes and other congregate care settings, the number of staff who are asymptomatic but test positive, and are therefore unable to come to work for a period of time, is likely to grow. Although it is important that these staff do not come into work for the safety of residents and other staff, this can present a challenge in ensuring that residents continue to have the proper level of care. IDPH, the Department of Healthcare and Family Services (HFS), and other state agencies have taken several actions and will continue to provide flexibility to long-term care facilities.

To date, the following regulatory flexibilities have been enacted:

- Easing the process for health care license reinstatement for LPNs, APRNs, RNs, PAs and RCPs. See Executive Order 2020-9 | Suspending Certain Reinstatement Requirements Under the Medical Practice Act for Licensees Whose Licenses Have Been Lapsed or Inactive for Less Than Three Years. Applications can be found: Health Care License Reinstatement Application (LPN, APRN, RN, PA and RCP)
- Allowing temporary out-of-state practice permits for LPNs, APRNs, RNs, PAs, and RCPs. The application can be found here: <u>Out of State Temporary Practice Permit Application</u>
- Creating a new classification of healthcare worker the Temporary Nursing Assistant (TNA). The TNA position has been developed in conjunction with industry stakeholders to allow for additional staff in their facilities. This rulemaking also suspends the

requirement that Basic Nursing Assistant Training Program students pass the competency examination within 12 months after they complete the program. See <u>Long-Term Care</u> <u>Assistants and Aide Training Programs Code (77 Ill. Adm. Code 395)</u>

- Allowing military personnel with medic training to serve as CNAs and allowing CNAs who have been certified or licensed in another state to work in Illinois during the duration of the disaster proclamations. See <u>Long-Term Care Assistants and Aide Training</u> Programs Code (77 Ill. Adm. Code 395).
- The following guidance and proclamations have been issued by the Illinois Department of Financial and Professional Regulation regarding licensing:
 - o April 21, 2020 | Guidance | Where Out-Of-State Health Care Providers Can Work
 - <u>April 17, 2020 | Guidance | For Medical Students and Residents to Assist During</u> <u>COVID-19 Pandemic</u>
 - <u>April 17, 2020 | Guidance | For Nursing Students to Assist During COVID-19</u> <u>Pandemic</u>
 - <u>April 17, 2020 | Guidance | For Physician Assistant Students to Assist During</u> <u>COVID-19 Pandemic</u>
 - March 20, 2020 | Proclamation | Modifying Professional License and Certification Statutes for Out-of-State Healthcare Professionals (Physicians, RNs, PAs, RCTs)
 - <u>March 20, 2020 | Variances | Illinois Inactive/Nonrenewed Licenses for RNs,</u> <u>APRNs, PAs, and RCTs and for Inactive/Expired Physicians</u>

In addition, the Governor has declared health care facilities and professionals immune from civil liability for injuries or deaths alleged during the COVID-19 pandemic provided that they render assistance to the State by treating COVID-19 patients. See <u>Executive Order 2020-19 | Declaring</u> <u>Health Care facilities</u>, Professionals, and Volunteers are Immune from Civil Liability for Injuries or Deaths Alleged During the COVID-19 Pandemic, Unless Caused by Gross Negligence or <u>Willful Misconduct</u>

Finally, although it is first and foremost the LTC facilities' responsibility to ensure adequate staffing levels, the State has opened up Illinois Helps to LTC facilities in order to search for volunteers. Qualifying organizations, such as local health departments, hospitals, and long-term care facilities, register with Illinois Helps to request volunteers. Medical and non-medical professionals in over 500 occupations register themselves with Illinois Helps to make themselves available in emergencies. Volunteers complete a profile that includes their occupation, licensure, training and skills. Volunteers choose up to 8 organizations registered in the system with which they would be willing to work. Facilities facing urgent staffing shortages should first look locally for options, such as transferring staff from other facilities in your organization or local staffing agencies. Please see attached document: "Illinois Helps State Request Form." Illinois Helps can be accessed at: https://illinoishelps.net/.

Concerns about additional regulations that are creating burdens for long-term care facilities due to COVID-19 should be sent to IDPH by email at <u>DPH.LTCAdmin@illinois.gov</u>.

Centralized Pool of Workers

Under the Nursing Home Care Act, IDPH has authority to: relocate residents in emergencies; revoke a facility's license; place monitors in facilities; and file for receivership. IDPH does not have authority to provide direct resident care as that is the facility's responsibility under their license.

Clinical Provider Support

Local Health Department Role

IDPH recognizes the need to ensure that long-term care facilities and congregate care settings are fully informed and have access to resources about clinical care and infection control. We appreciate the dedication that these facilities have to protecting the health of their residents and staff. There are a number of ways that IDPH is working to ensure that these facilities have the information and support that they need.

Local health departments (LHDs) should remain the first line of communication for a facility. LHDs are able to advise on infection control and other measures and will be the first on the ground in a facility if there is an outbreak.

LHDs should communicate the current guidance and best practices shared by IDPH, including: PPE usage (donning/ doffing), PPE extended use, PPE burn rate calculators, infection prevention, and facility practices. LHDs will continue to work with and monitor long-term care facilities and congregate care settings within their jurisdictions via phone, email and increased in-person meetings on "neutral ground" away from COVID-19 positive residents.

Centralized family support hotline

Family members can reach out to IDPH at <u>DPH.Sick@illinois.gov</u> or 1-800-889-3931 if they have questions, the nursing home complaint hotline at 800-252-4343 if they have concerns, as well as their local health department to discuss infection control and other issues. IDPH continues to evaluate all possible resources to support residents and families. Any additional resources acquired will be communicated to the facilities and associations in real time.

See attachment: "COVID-19 Updates and Q&A for long-term care and congregate residential settings"

IDPH remains a resource to supplement the capacity of the LHD and has established clear protocols for LHDs to elevate urgent situations to IDPH. Additionally, since January 22, 2020, DPH hosts webinars once a week with LHDs.

Infection Control Support Teams

Project Hope

IDPH, the Chicago Department of Public Health, and the Cook County Department of Public Health are partnering with Project Hope to provide Project Hope LTC Outreach teams t to assist congregate care settings, focusing primarily on LTC facilities in Chicago and Cook County. The teams will first pilot an intervention targeting specific facilities prioritized by the health departments, representing a mix of COVID + and negative facilities, types of LTC delivery sites,

and levels of engagement with the local health department.

The teams will go onsite to:

- 1) Conduct an assessment of what is happening on the ground, focusing on education of staff, infection control practices, and resources. The assessment will lead to delivery of education/infection control tools.
- 2) Provide clinical support—specifically for testing or training on testing.
- 3) Provide psycho-social support for staff.

This is an effort that will primarily be driven by the local health departments, but IDPH is proud to partner in this effort.

IDPH Support Teams

IDPH is deploying support teams to long-term care facilities to oversee testing (see above) and provide more targeted support. Specifically, IDPH nurses and contracted nurses will form teams that will:

- Conduct COVID-19 testing;
- Train facility personnel on proper technique and standardize protocol regarding COVID-19 testing
- Observe the facility for hand hygiene, universal masking, and alcohol-based hand washing
- Review all procedures including donning and doffing and provide guidance on best practices
- Report back to IDPH on findings.

IDPH Provision of Infection Control Guidance to Facilities With COVID-19 Cases

IDPH will send Infection Control Consultants (ICC) to provide daily guidance for COVID-19 mitigation to any congregate living facilities (CLF) and long term care facilities (LTCF) including, but not limited to skilled nursing facilities (SNFs), assisted living facilities (ALFs), supportive living facilities (SLFs) independent living communities, and memory care. The ICCs are a combination of UIC and IDPH contractors and IDPH staff. Most of these consultative services are provided via teleconference with occasional onsite visits. The ICCs will typically be joined by a representative from the LHD, the LTCF Director of Nursing (DON), the LTCF Administrator, and the LTCF Medical Director, if available. The number of sites visited per day depends on the local need and capacity of LHD and IDPH.

IDPH ICCs will provide both verbal and written guidance and ongoing feedback to LTCF based on daily status reports of COVID-19 cases among residents and staff. Consultants also facilitate testing for residents and staff, and provide recommendations for cohorting, daily symptom screenings, use of PPE, isolation precautions, hand hygiene, cough etiquette, and environmental cleaning and disinfection. Consultants function as liaisons to healthcare systems (e.g., NorthShore) and philanthropic organizations (e.g., Project Hope) to provide LTCFs with operational and clinical support (i.e., telehealth consultations) and onsite staff education and monitoring of infection control practice.

General Infection Control Guidance

The following infection control guidance is also available:

- See attachment: "Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment Facilities (PRTFs)"
- See attachment: "Interim Recommendations to Reduce Transmission of SARS-CoV-2 in Congregate Living Facilities: Universal Masking and Enhanced Environmental Disinfection"
- See attachment: "Transfer of Patients from Hospital Settings to Skilled and Intermediate Long-term Care Facilities"
- See attachment: "CDC has released updated guidance for optimizing the supply of N95 respirators."

Burial Protocol and Plan

IDPH has provided the following guidance with respect to burials.

- See two (2) attachments: "Recommended Guidance for Preventing Spread of COVID-19 in Funeral Homes"
- See attachment: "Recommended Guidance for Fatality Management during COVID-19 Response"
- Updated two Executive Orders, the first suspended the cap on intern funeral directors renewing their internship certification. This will allow interns to continue to add capacity during this time. And the second suspended statutory provisions that prevented intern funeral directors from being able to transport bodies. This will increase capacity for transportation of bodies.

The State offers burial assistance through the Department of Human Services. More information can be found here: <u>https://www.dhs.state.il.us/page.aspx?item=30367</u>

The administration filed emergency rules that increased the rates of reimbursement for indigent cremation and burial.

Regulations

IDPH acknowledges that facilities have an elevated need to provide infection control and clinical care in ways that are more robust than at normal times. The State has taken the following actions to reduce the burden on long-term care facilities while still ensuring the safety of residents:

- Per CMS memorandum, IDPH has suspended all surveys except for infection control and immediate jeopardy surveys. See attachment: "CMS Memo: Prioritization of Survey Activities."
- HFS has allowed for DON screens to happen over an extended period of time, instead of in the hospital. The waiver allows DON screens to occur within ten days.

Requirements regarding resident and staff background checks have been relaxed. See attachment "Long Term Care Facility Guidance for Screening and Assessment of Identified Offenders." In addition, emergency rules have been promulgated that allow for individuals to have their fingerprints collected within 30 days (increased from 10 working days) after being hired. See <u>Health Care Worker Background Check Code (77 Ill. Adm. Code 955)</u>.

Dedicated Beds

HFS has worked closely with nursing home association representatives and individual providers to identify units within existing long-term care facilities that could be dedicated to serving COVID-19 positive individuals discharged from hospitals who are still in need of isolation or quarantine and not yet ready to return home. HFS has negotiated with selected providers to provide a reimbursement rate of \$350 per day for isolation and quarantine services and \$620 per day for ventilator services. Thus far, over 700 beds in 16 facilities have been identified for participation.

Eligibility

The Departments of Healthcare and Family Services and Human Services have continued to make progress on decreasing the backlog of long-term care eligibility applications and admissions. At the end of February, there were over 5,100 applications that were pending with the Departments. As of the end of last week, that number is now under 2,000. That is a reduction of nearly 60%. Pending admissions had been in excess of 18,500. Today that number is a little over 9,200. HFS has also requested 1115 Waiver Authority to expand on presumptive eligibility for long term care services. CMS has not yet acted on that request.