MyCare Stakeholders Workgroup
Collaborative Effort:
Community/Waiver & Facility

- 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
- 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

**PPE RESOURCES AND TRAINING & VIDEOS**
Regulatory Relief: Community/Waiver & Facility

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

Regional Hospital connectivity

Regional Hospital connectivity

Regional Hospital connectivity


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 +.

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Exposure</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Exposed</strong></td>
<td>A subset of patients/residents will be been 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.</td>
</tr>
<tr>
<td><strong>COVID-19 +</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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
ROLE OF DATA
### State Operated Facilities

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Patients/Residents</th>
<th>Staff</th>
<th>Number of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC</td>
<td>48,572</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>DODD</td>
<td>611</td>
<td>1938</td>
<td>8</td>
</tr>
<tr>
<td>DMHAS</td>
<td>929</td>
<td>1458</td>
<td>6</td>
</tr>
<tr>
<td>DYS</td>
<td>714</td>
<td>676</td>
<td>3</td>
</tr>
<tr>
<td>DVS</td>
<td>667</td>
<td>786</td>
<td>2</td>
</tr>
</tbody>
</table>
Privately Operated Congregate Living Facilities

• Skilled Nursing Facilities
• Assisted Living
• Residential Care Facilities
• ODMHAS Licensed Treatment Facilities
• Substance Use Residential Treatment
• ICF/IDD and larger DD community homes
• Children’s Residential Treatment, inc. DYS
• Also Senior Housing, Homeless Shelters, etc.
This is a map of where we have responses relative to the total facilities in the county that should have responded.

The darker the county the lower the completion rate of possible NF responses.
All Reporting NF, ICF-IDD, Assisting Living: Available PPE WITH ONE OR MORE PRESUMED COVID+

<table>
<thead>
<tr>
<th></th>
<th>MED MASK</th>
<th>N95</th>
<th>GOWNS</th>
<th>GLOVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 DAYS</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2-3 DAYS</td>
<td>9</td>
<td>7</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>4-7 DAYS</td>
<td>15</td>
<td>26</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>8-14 DAYS</td>
<td>27</td>
<td>17</td>
<td>20</td>
<td>35</td>
</tr>
<tr>
<td>15+ DAYS</td>
<td>47</td>
<td>33</td>
<td>37</td>
<td>47</td>
</tr>
</tbody>
</table>
Grey base layer is the at risk population (counts within the zip code) – respiratory, obesity, and heart conditions).

The grey dots are where there are no reported cases. The darker colors are where there are known C19 cases.
Compare that to where testing has already begun.

You can see them start to popup all around the state.
Now let’s narrow in on just NFs with presumed exposures.

Areas with higher vulnerable populations means that there is a higher likelihood that someone from the community can inadvertently bring it into the congregate cares settings.
If we zoom into just south of the Dayton we see these concentrations.

You can see there are already varying sizes of outbreaks with underlying populations of higher risk throughout the community.

Each of these light blue facilities is at a higher risk of also seeing an outbreak. They are all right on top of each other.
If we look at those with low PPE in just one category (mask) we can see there are several facilities that are already seeing breakouts.

In the lower Dayton/Cinci area. You can pretty much guaranty that one facility (light blue) that has low PPE, near highly vulnerable populations, but still reporting no cases won’t remain safe for very long.
It is the same in rural counties.

Looking at Ross county we see this.

Several sites just starting to test and see results, with many others with no cases, but in high risk areas.
Thank you for attending