

Supporting Our Long-Term Care Facilities During COVID-19

Since the start of the pandemic, North Carolina took early and aggressive actions to protect residents of long-terms care facilities. Residents in nursing and adult care homes are at higher risk for severe illness from COVID-19, and the nature of long-term care facilities makes it difficult to control an outbreak.

A Dedicated Response Team

The NC Department of Health and Human Services (NCDHHS) formed a Long-Term Care COVID-19 Response Team at the beginning of the pandemic. This dedicated team works with facilities, local health departments, industry associations, advocacy groups, hospitals and others on a multi-prong strategy of prevention, capacity, testing, managing outbreaks, and oversight.

There are more than 3,000 state-licensed long-term care facilities. These are private businesses subject to state and federal regulations. NCDHHS has provided support to long-term care owners and operators as they respond to COVID-19 and ensure their residents are safe and receiving appropriate care.

Prevention

Challenge	NCDHHS Actions
COVID-19 is highly contagious and easily spread in congregate-living settings. People can have the virus and not have symptoms, but still infect others.	 Restricting visitation to nursing homes to compassionate care situations, beginning under Executive Order 120 on March 23, 2020. Cancelling communal activities, including group meals Requiring temperature screening of all employees Requiring monitoring of residents Requiring all residents who must leave facility for medically necessary purposes wear protective equipment when leaving their rooms. Requiring staff to use personal protective equipment
Testing does not always detect the virus in the early stages of the disease.	Recommending all patients entering long-term care be placed in 14 days of quarantine
Personal protective equipment supplies are needed to help prevent virus transmission.	 Provided more than 3,000 state-licensed long-term care facilities with a fourteen-day supply of face shields, procedure masks, gloves and shoe covers to support facilities as they built their supply network. Prioritizing congregate care facilities for state-sponsored PPE distribution.
Standard facility infection control and prevention measures do not fully address what is needed for COVID-19.	Linking time-limited Medicaid rate increases with expected participation in infection control assessment and action planning process, managed through NC Statewide Program for Infection Control and Epidemiology (SPICE).
People requiring assistance need support to stay at home where they will be less at-risk of exposure.	 Providing a time-limited Medicaid rate increase for personal care assistance and home health services to help providers who support people being able to stay at home where there is less risk to exposure. Increasing Medicaid service flexibilities to support continued and expanded availability of home-based services.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Capacity

Challenge	NCDHHS Actions
Prevention protocols require ongoing training.	 Conducted remote infection prevention and control consultation through a partnership with the Centers for Disease Control and the NC Statewide Program for Infection Control and Epidemiology. Provided a toolkit to support long-term care facilities in preparing for and responding to COVID-19 outbreaks in their facility. The toolkit contains an infection control assessment, infection staffing worksheet, infection prevention educational resources and other tools. Providing virtual trainings staff working in long-term care sites.
Facilities face ongoing staffing shortages.	 Partnering with East Carolina University School of Nursing to match Registered Nurses and Certified Nursing Assistants with facilities to address staffing shortages Adopted an emergency rule allowing nurse aides certified in other states to work as nurse aides in North Carolina. Increased Medicaid rate to support general COVID response, including increased staff pay, hours and training. Provided child care and other supports for essential workers including congregate care facility workers
As COVID-related hospital admissions increase, hospitals are at risk of reaching their bed capacity. As a result, there is a growing need to create "rapid response" discharge options for both COVID and non COVID beneficiaries who require post- acute or long-term care.	Cultivate a "response facility" network of post-acute and long-term care providers that will accept discharging Medicaid beneficiaries both with COVID and without COVID. A response facility participates in enhanced infection control review and receives an enhanced Medicaid rate.
Facility's licensure requirements may not enable it to support COVID surge needs.	Allowing facilities to exceed the number of licensed beds to provide temporary shelter and services to care for residents with COVID-19

Testing and Managing Outbreaks

Challenge	NCDHHS Actions
People can have the virus and not have symptoms, but still infect others.	Recommending testing for all staff and residents when one person tests positive. Partnering with CVS to make facility-wide testing available to residents and staff in all North Carolina skilled nursing facilities.
Caring for residents with COVID-19 and preventing the spread of infection can be costly for private facilities.	Providing targeted Medicaid funding to support nursing homes and adult care homes to provide intensive care needed for residents with COVID-19 and limit the spread of the virus.

Oversight

Challenge	NCDHHS Actions
As private business, long-term care facilities operators and owners need to ensure their residents are safe and receiving appropriate care	 Surveying all nursing homes on infection control. Responding to all complaints in a long-term setting. Requiring long-term care facilities As a part of the 10% additional rate increase all LTC facilities were required to submit infection control plans