HHS COMMITTEE #1
December 3, 2020

M E M O R A N D U M

December 1, 2020

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Nursing Homes

PURPOSE: Overview Presentation and Discussion

Expected for this session

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Dr. Travis Gayles, Chief Public Health Services, DHHS, and County Health Officer
Dr. Odile Brunetto, Chief, Aging and Disability Services, DHHS
Dr. James Bridgers, Deputy Health Officer, DHHS
Clark Beil, Senior Administrator, Licensure and Regulatory Division Services, DHHS
Enrico Lachica, Clinical Nurse Administrator, Licensure and Regulatory Division Services, DHHS
Eileen Bennett, Program Supervisor, Long Term Care Ombudsman Program, DHHS

At this session, the HHS Committee will have an overview presentation from DHHS on nursing homes in Montgomery County and the role of the Department both in terms of regulatory issues, such as inspections and investigations, and as the provider of the Long Term Care Ombudsman Program that is a part of the Older Americans Act. The presentation will also give an overview of the State's Office of Health Care Quality's role.

DHHS will also inform the Council about specific requirements to COIV, including testing for staff and residents, when the State provides technical assistance teams for infection control, circumstances when admission and visiting protocols might change, current visitation restrictions, and requirements for and distribution of personal protective equipment (PPE). DHHS will also discuss flu vaccinations and plans for eventual deployment of a COVID vaccine.

Quality of operations in nursing homes is important always, as residents may be extremely vulnerable and frail. It can be difficult if family or friends questions the care that the resident is receiving. However, the quality of care and infection protocols since the COVID pandemic are extremely critical as disproportionate number of COVID deaths are residents of nursing homes and assisted living facilities.

- On December 1, 2020, the State of Maryland website[1] reports 201,135 confirmed cases statewide. The site also reports 19,423 total cases attributed to residents of people in nursing homes, assisted living, and senior group homes with 10 or more residents[2]. **This represents 9.7% of confirmed cases.**

- However, the state also reports a total of 4,616 confirmed death statewide with 2,284 of those being residents of nursing homes, assisted living, and senior group homes. **This represents 49.5% of deaths.**

- In Montgomery County, the state reports that there are 918 confirmed deaths; the Department of Health reports that 497 of those, **or 54.1%,** are from nursing homes, assisted living, and senior group homes.

- The State posts weekly on Wednesdays, the number of cases in nursing homes, assisted living, and group homes where there is an active case or a new death for residents or staff. However, this is not the total for the County since the start of the pandemic. As an example, on November 25 the state reported 1,550 resident cases, 370 resident deaths, 1,202 staff cases, and 5 staff deaths for Montgomery County. As noted earlier, there have been 497 resident deaths and at least 10 staff deaths since the start of the pandemic. The Department of Health also reports there have been 2,982 cases. If one were to look at the facilities in the weekly report, one would see that facilities that have been previously reported cases and deaths do not show. This is because they are currently case free.

HHS Committee Chair Albornoz and Council President Hucker plan to follow-up on this session with a full Council discussion. A representative from the State will be invited to participate at the full Council. This session will provide important baseline information to better inform the structure for the Council session.

Attached:

Nov 25 Kaiser Family Foundation Brief on Nursing Home Deaths	1-3
Presentation Slides	4-26

[1] https://coronavirus.maryland.gov/pages/hcf-resources

[2] Nursing homes and assisted living facilities are governed by different regulations; however, the State data on cases and deaths is reported for nursing homes, assisted living, and senior group homes with 10 or more residents. Senior independent living building/communities are not a part of this data nor do they have testing requirements although DHHS has been working with them to provide on-site testing opportunities.

COVID-19 Has Claimed the Lives of 100,000 Long-Term Care Residents and Staff

Priya Chidambaram (https://www.kff.org/person/priya-chidambaram/), Rachel Garfield (https://www.kff.org/person/rachel-garfield/) (https://twitter.com/RachelLGarfield), **and Tricia Neuman (https://www.kff.org/person/tricia-neuman/)** (https://twitter.com/tricia_neuman)
Nov 25, 2020

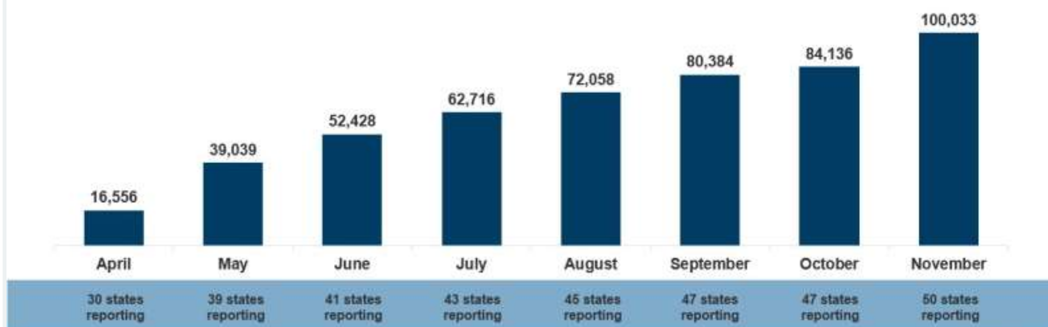
This week marks a bleak milestone in the pandemic's effect on residents and staff in long-term care facilities across the country. According to our latest analysis of state-reported data, COVID-19 has claimed the lives of more than 100,000 long-term care facility residents and staff as of the last week in November. This finding comes at a time when public health experts are predicting a surge in cases after holiday gatherings and increased time indoors due to winter weather, which will have ripple effects on hospitals and nursing homes, given the close relationship between community spread and cases in congregate care settings (https://www.kff.org/coronavirus-covid-19/issue-brief/rising-cases-in-long-term-care-facilities-are-cause-for-concern/). As the nation braces for the fallout of the holiday, recent data (https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/) on deaths in long-term care facilities highlight the ongoing disproportionate impact on this high-risk population.

Since the start of the pandemic, 100,033 residents and staff at long-term care facilities have died from COVID-19 as of November 24, 2020, according to state reporting in 49 states plus DC (Figure 1). This is likely an undercount, given that five states have not updated their long-term care death values in over one week (HI, ME, MO, NE, and WV) and Alaska still does not provide data on deaths in these facilities. Figure 1 depicts the increase in long-term care deaths since the start of the pandemic. The increase reflects both an increase in deaths and an increase in the number of states reporting over time. Given the vast differences in state reporting between April and November, data in Figure 1 should be trended with caution. See Data Notes below for more details on this increase in deaths.

Figure 1

As of November 24, 2020, more than 100,000 residents and staff in long-term care facilities have died due to COVID-19

Cumulative Deaths In Long-Term Care Facilities, April - November 2020



NOTES: Data reflects deaths in long-term care facilities as of the last week of each month. Given vast differences in which states are included in each month's reporting, data should be trended with caution. For state-level data, see State Data and Policy Actions to Address Coronavirus.
SOURCE: KFF analysis of available state reports, press releases, official state data through news reports, and the COVID Tracking Project.

KFF

As of November 24, 2020, more than 100,00 residents and staff in long-term care facilities have died due to COVID-19

Nationwide, deaths in long-term care facilities account for 40% of all COVID-19 deaths. In 18 states, COVID-19 deaths in long-term care facilities account for at least half of all deaths due to the pandemic (NH, RI, CT, MN, KY, PA, MA, NE, ME, ND, OH, DE, WA, OR, IN, VT, MD, NC). In three states, long-term care COVID-19 deaths account for over 70% of COVID-19 deaths in the state (NH, RI, and CT). Many states have consistently reported a high burden of COVID-19 deaths in long-term care facilities, with Minnesota, Rhode Island, and New Hampshire consistently reporting among the highest shares of COVID-19 deaths in long-term care facilities. See Data Notes below for more details on the share of COVID-19 deaths in long-term care facilities.

While early action to prevent the spread of coronavirus in long-term care facilities led to strict protocols related to testing, personal protective equipment (PPE), and visitor restrictions, several of these measures have been reversed in recent months (https://www.cms.gov/files/document/qso-20-39-nh.pdf), and some long-term care facilities continue to report shortages of PPE and staff (https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.01269). The disproportionate number of COVID-19 deaths in long-term care facilities serves as a reminder that residents and staff in these places continue to bear a high burden of the uncontrolled pandemic. Post-Thanksgiving surges in cases are unlikely to spare this community and will likely lead to an even higher death toll in long-term care facilities, raising questions about whether nursing homes and other facilities are able to protect their residents and, if not, what actions can be taken to mitigate the threat posed by the virus.

Data Notes

(2)

The number of states independently reporting long-term deaths due to COVID-19 has increased from 30 states in April to 50 states (all but Alaska) in November, which suggests that the total number of deaths reported in the first few months of the pandemic is an undercount. States also vary widely in how they report COVID-19 deaths. For example, some states include assisted living and other residential facilities in their total counts, while others limit their counts to nursing facilities. For more details on what states may include or exclude in their long-term care data reporting, see Table 3 (https://www.kff.org/report-section/key-questions-about-the-impact-of-coronavirus-on-long-term-care-facilities-over-time-tables/) in Key Questions About the Impact of Coronavirus on Long-Term Care Facilities Over Time. (https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-about-the-impact-of-coronavirus-on-long-term-care-facilities-over-time/)

Data reported by nursing facilities to the Centers for Disease Control and published by the Centers for Medicare and Medicaid Services is more consistent across states but may not consistently include data prior to May 8th and only include federally certified nursing facilities. For more details on the limits and opportunities of federal reporting, see KFF brief here (https://www.kff.org/coronavirus-covid-19/issue-brief/limits-and-opportunities-of-federal-reporting-on-covid-19-in-nursing-facilities/).

For state-level data on share of deaths occurring in long-term care facilities, see our long-term care data at State Data and Policy Actions to Address Coronavirus (https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/). Shares of COVID-19 deaths occurring in long-term care facilities should not be used to compare states since not all states report COVID-19 long-term care facility deaths the same way. For example, New York, unlike other states, does not include deaths among nursing home residents that occur outside of the nursing home (e.g., if the death occurs in the hospital) in its long-term care death count.

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Licensure & Regulatory - Nursing Homes

DECEMBER 3, 2020

1

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Mission Statement

To ensure and promote the health and safety of vulnerable adults residing in Long Term Care Facilities within Montgomery County.

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Number of facilities in Montgomery County

- Montgomery County has one of the highest concentrations of long term care facilities in Maryland serving approximately 9,000 residents
  - 34 Nursing Homes
  - 37 Domiciliary/Large Assisted Living Facilities (17 or more beds)
  - 233 Small Group Homes/Small Assisted Living Facilities (3 – 16 beds)

3

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County Department Role

- This unit consists of Nurse Surveyors/Inspectors who are certified to conduct complex inspections and investigations of nursing homes. Nurse surveyors determine if nursing homes are in compliance with Federal, State, and County laws and regulations in order to be licensed and eligible to receive Medicare/Medicaid funds.
- Health care facility inspections are unannounced and conducted on and off site.

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Office of Health Care Quality (State) Role

- Conduct inspections at all Domiciliary/Large assisted living facilities and Group Homes/Small assisted living facilities
- Provide technical assistance and oversight to the County Licensure & Regulatory department in performance of nursing home surveys
- Prepare and issue the survey findings to the facility, including any actions that will be taken and the recommendations, if any that will be submitted to CMS (Centers for Medicare & Medicaid Services)
- Coordinate any legal enforcement actions to be taken, as appropriate
- Coordinate administrative hearing(s), both formal and informal, as deemed appropriate.
- Offer in-service educational programs to the Licensure & Regulatory department staff including Federal training programs

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Nurse Surveyor Duties (Pre-pandemic)

- Surveyor duties include but are not limited to:
  - Review of nursing home surveys and complaints
  - Tour of the facility to get an overview of the residents, staff, and environment
  - Resident record review
  - Evaluation/observation: medication administration, pressure sore treatments, food/dining services, environment, rehab services, physician services, nursing services, social work services, activities, and care plans
  - Resident, staff, family, and resident council interviews

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Nurse Surveyor Duties (Pre-pandemic)

- Conduct complaint investigations
- Investigate alleged abuse and neglect
- Participate in bioterrorism & emergency preparedness planning and operations

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Nurse Surveyor Duties (Current during the COVID-19 State of Emergency)

- Act as nursing home outbreak liaison: assist nursing homes in COVID-19 infection control self-assessments, review facility emergency preparedness plans, act as liaison between local and State health department agencies, coordinate local & State "action team" on-site visits, communicate facility PPE & testing needs to emergency preparedness agencies, provide assistance with reporting requirements to local, State, and Federal agencies, and disseminate the latest infection control guidance from CDC (Centers for Disease Control & Prevention), CMS (Centers for Medicare & Medicaid Services), and MDH (Maryland Department of Health)
- Perform pre-pandemic duties, in addition to on-site focused infection control surveys, and communicate noncompliance with facilities and regulatory agencies

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Fines/Sanctions

- When a nursing home is cited for a serious health or fire safety deficiency, or fails to correct a citation for an extended period of time, this can result in a penalty. A penalty can be a monetary fine against the nursing home or the denial of payment from Medicare. Penalties are based on the scope and severity of a citation and are determined by Centers for Medicare & Medicaid Services and Office of Health Care Quality
  - Survey results and Federal Civil Monetary Penalties within the last 3 years are published on the Medicare.gov website in the nursing home's Medicare.gov profile.
- Providers can be fined up to $10,000 per day for a harm deficiency
- Payment denial for resident stays
- Withdraw State approval of a nurse aide training and competency evaluation program

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Long Term Care Ombudsman Program

FEDERAL MANDATE UNDER THE OLDER AMERICANS ACT SINCE 1978

ADMINISTERED AT THE STATE LEVEL

OPERATIONALIZED AT THE LOCAL LEVEL THROUGH

AREA AGENCY ON AGING (IN MOCO DHHS AGING & DISABILITIES SERVICES)

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Long Term Care Ombudsman Program

- Older Americans Act: Establishes an independent & autonomous program, within HHS, operated by Administration on Community Living (ACL), delegated to the states
- Federal Regulations: Codified in2016

Final Rule: 45 CFR Parts 1321 and 1324 State Long-Term Care Ombudsman Programs

Identifies Operational Guidance for State Implementation of Program

Provides for designation of representatives of the Office of the State Ombudsman at the local level

Outlines Individual and Organizational Conflict of Interest Provisions

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Long Term Care Ombudsman Program

The LTCOP Under the Older Americans Act

On behalf of RESIDENTS in Long Term Care, ombudsmen are advocates

Resolving Individual Complaints

Resolving Systems Issues

Laws, Regulations, Policies

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Long Term Care Ombudsman Program

FFY20: **210 Total** Complaints Closed
194 Nursing Homes/ 16 Assisted Living
FFY19: **454 Total** Complaints Closed
303 Nursing Homes / 103 Assisted Living

FFY20: 2, **253 Total** Facility Staff Info & Assistance
FFY19: **558 Total** Facility Consultations

FFY20: **1,503** Information & Assistance to Individuals
FFY19: **1,529** Total Information & Consultation to Individuals

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Long Term Care Ombudsman

FFY20: **1,053 Total** Facility Visits Completed by Ombudsmen
(10/1/19-3/16/20)
6 Visits (*By exception) since the beginning of Pandemic
(3/16/20 – Present)
FFY19: **3,218 Total** Facility Visits Completed by Ombudsmen
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FFY20: **2,072Hours** Donated by Certified/Designated Volunteers
FFY19: **5,215 Hours** Donated by Certified/Designated Volunteers
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*Isolation is the Result for Residents
when the Ombudsman Program members are unable to visit

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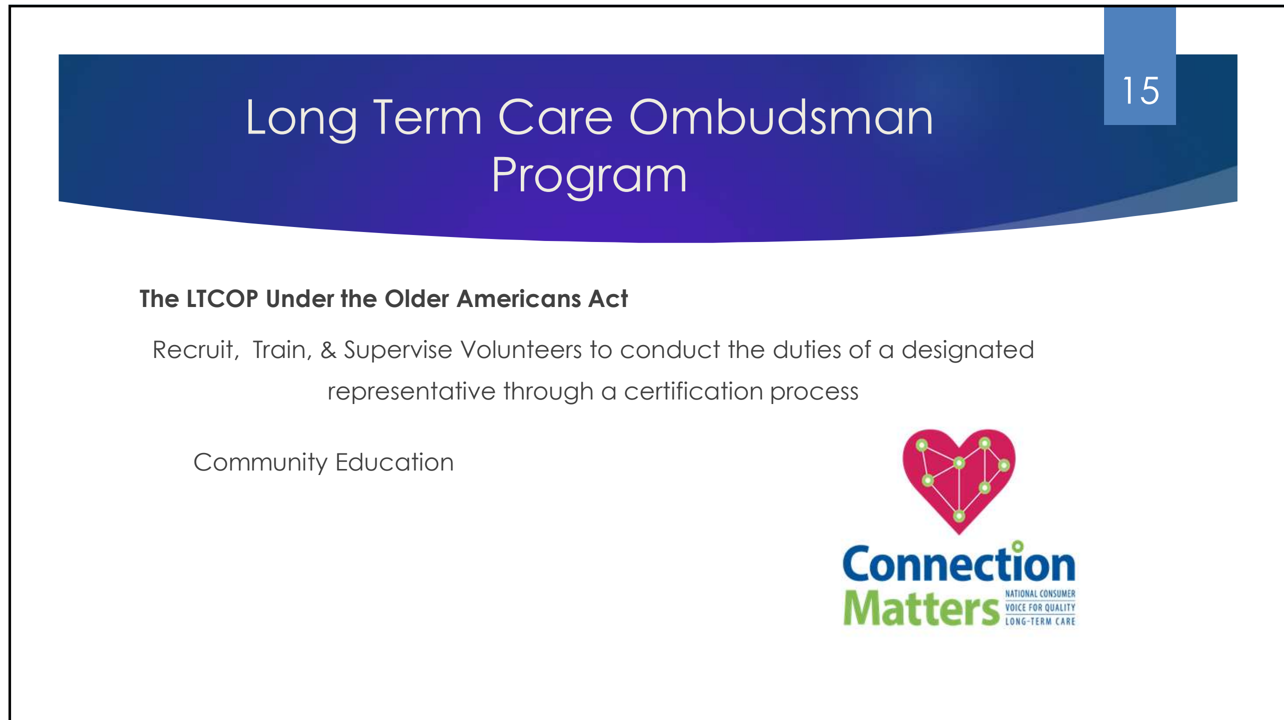

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Long Term Care Ombudsman Program

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LTCOP representatives are resident-directed advocates

LTCOPs advocate for quality of care and quality of life of residents in long-term care (nursing homes and licensed assisted living facilities)

LTCOP provisions in the Older Americans Act (OAA) include:

- Investigate and resolve complaints by or on behalf of the resident
- Provide information to residents, families, staff (e.g. residents' rights)
- Advocate for systemic changes to improve residents' care and quality of life.
- Recruit and train volunteers to become designated representatives of the office

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Long Term Care Ombudsman

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Staff Meetings with State Ombudsman 2-3 times a week since March

ADVOCACY Efforts during pandemic

Conducted by Telephone and Virtual Connections

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Long Term Care Ombudsman Program

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Administration for Community Living federal definition of "regular presence" for Ombudsman visitation as at least quarterly on-site visits

On March 13, 2020, federal intervention through CMS determined that ombudsmen and family members could not conduct visitation in nursing homes due to the COVID-19 pandemic. MDH extended those provisions to licensed Assisted living Facilities in MD.

On-Site Visitation STOPPED

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Long Term Care Ombudsman Program

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LTCOP Advocacy Efforts During Pandemic

Outreach to 34 nursing homes and 244 licensed assisted living communities to explain new status of availability

Obtain census and contact information for residents in the 4,558 nursing home beds and 4,741 licensed assisted beds

Regular calls with healthcare provider leadership of the nursing homes and assisted living facilities about quality of life and care

Regular response to queries from residents and their families

In-service education to staff members in nursing homes and ALF's

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Long Term Care Ombudsman Program

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Successful Advocacy = Issues Resolved …

to the Satisfaction of the Resident

EXAMPLES:

Resident w/ALS received ombudsman assistance with Individual Care

Married couple able to practice religious rituals

Intervention for Emergency Relocation of Assisted Living Resident when there was no caregiver on site

Intervention on multiple attempts from facilities to proceed with involuntary discharge

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Long Term Care OmbudsmanProgram

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LTCOP Telework Advocacy Efforts

Sent two separate activities packets focused on Residents Rights materials for 9,300 residents in nursing homes and assisted living

Active participation in virtual resident council meetings /or contact with resident council leadership

Active participation virtual family council meetings where they exist

Individual complaint resolution through empowerment skills

Continuing Education: Virtual in-services for long term care staff

Systemic Advocacy continues at federal, state, and local levels

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Long Term Care Ombudsman Program

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Where the LTCOP stands now:

Telework Virtual Efforts continue in Montgomery County*

September 17, 2020, CMS issued guidance which addresses ombudsman in a category separate from family members

State Ombudsman preparing re-entry guidance and training for members to be able to safely conduct limited on-site visitation

Outdoor and Indoor Visitation have different parameters

*Who will be able to conduct the visits?

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Long Term Care Ombudsman Program

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In Montgomery County, LTCOP

Staffing = 8 Members

(1 Program Manager II; 5 ½ staff with field duties; 1 OSC)

Employed Staff Member meet county guidance to continue telework

Volunteers = 33 designated / certified

Most volunteers are 70+ years (Age/Risk Factors)

Some have decided after state ombudsman re-entry training they do not want to continue or will be taking a leave of absence

until widespread vaccination available

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Long Term Care Ombudsman

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Long Term Care Ombudsman Program will:

-Complete the state ombudsman training required for re-entry consideration

-Prioritize on-site visits based on designated human resources available

-Collaborate and coordinate information with our HHS colleauges

-Continue consultations, investigation, in-services, and training of staff and volunteer members on the effects of COVID-19 and its effect on long term care residents and their families

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Long Term Care Ombudsman Program

PROGRAM CONTACT INFORMATION

240-777-3369

HHSLTCOMBUDSMAN@montgomerycountymd.gov

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COVID-19 Response in the Long Term Care Setting

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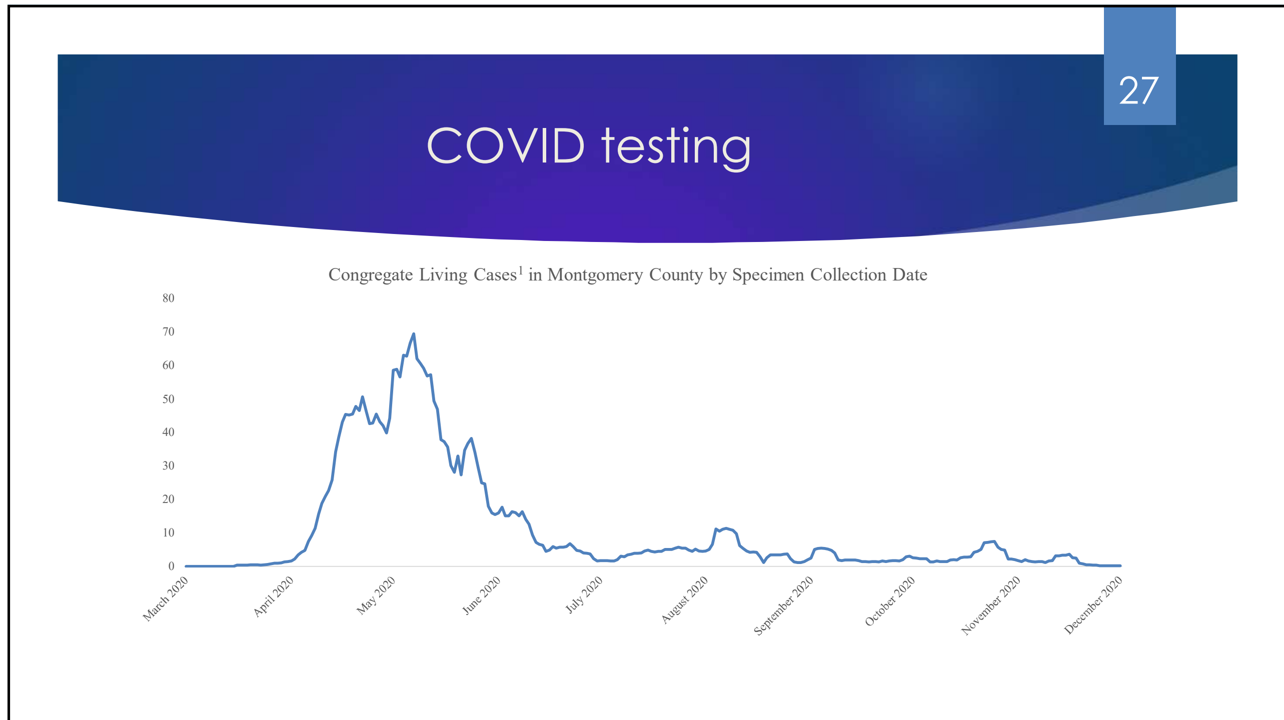

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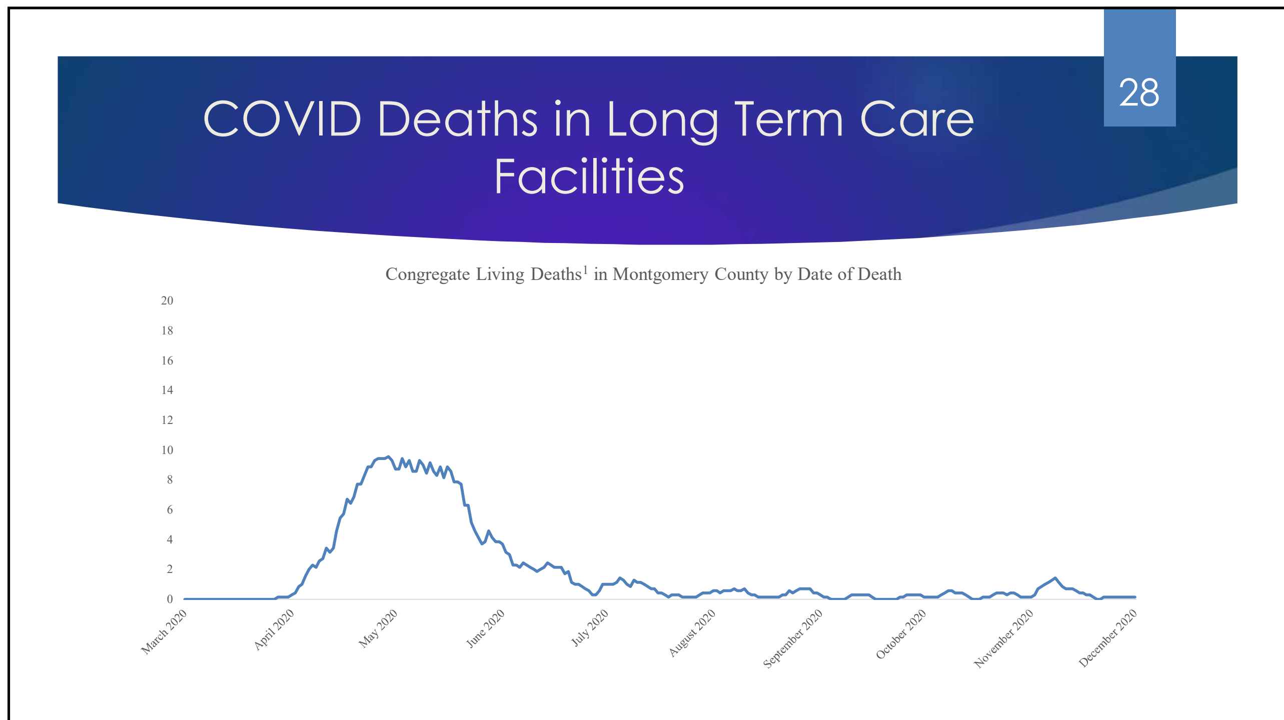

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COVID Testing Requirements at Nursing Homes

- Nursing Homes are required to perform biweekly tests on staff and weekly tests on residents who have not tested positive in the last 90 days until further notice
- Maryland Office of the Inspector General monitors facility compliance
- Outbreak Status (New onset case within the last 14 days)

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COVID Testing Requirements at Assisted Living Facilities

- Assisted living facilities are strongly advised to test staff weekly. When in outbreak status, assisted living facilities are required to test residents weekly
- State requirements for routine testing at assisted living facilities with 50 or more beds is dependent upon the county positivity rate:
  - ≤5% → facilities are required to test staff monthly
  - 5-10% → facilities are required to test staff weekly
  - >10% → facilities are required to test staff biweekly
- Maryland Office of the Inspector General monitors facility compliance

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How the County & State monitor facility cases

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- Each facility is assigned a nurse outbreak investigator from both State & local health departments
  - Facilities in outbreak status must provide a daily report to the investigators regarding new cases, pending test results, symptomatic staff/residents. Outbreak investigators/facilities may request a virtual infection control assessment with facility leadership
  - All laboratories in Maryland report positive cases to the COVID-link database. The database is monitored daily by State & local health department officials
- If a facility has 5 or more cases in a week (with at least 3 resident cases), they are referred to the State technical assistance teams for an infection control assessment
  - State technical assistance teams conduct on-site assessments and provide infection control recommendations. If there are significant findings, facilities are referred to a certified infection control preventionist (CIC)

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How the County & State monitor facility cases

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- If referred for a certified infection control preventionist (CIC) visit, an additional on-site assessment is conducted and recommendations are given. If there are continued significant findings from the CIC visit, the facility is referred to the Office of Health Care Quality/County Licensure & Regulatory Department for a regulatory inspection
- Outbreak investigators from the State & local health departments may require facilities to suspend new admissions and visitation in response to ongoing transmission concerns

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COVID-19 Nursing Home Restrictions

- Visitation:
  - Per CMS guidelines, outdoor visitation is preferred whenever practicable. Facilities should create safe outdoor spaces for visitation and limit the number and size of visits occurring simultaneously to support safe infection prevention actions
  - Facilities may accommodate indoor visitations if they have had no new onset COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing
  - If the county positivity rate is greater than 10%, visitation should only occur for compassionate care situations (e.g. end of life, severe disruption of resident functioning, etc.)

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COVID-19 Nursing Home Restrictions

- Visitation (continued)
  - On September 24, 2020, MDH issued guidance regarding access to support for patients with disabilities in health care settings. Patients with a disability (physical or mental impairment that substantially limits one or more major activities of an individual) may designate 2 support persons to assist them with decision making and care. Facilities must allow access of support persons to their residents regardless of outbreak status. Facilities must provide appropriate PPE and instructions on proper usage.

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COVID-19 Nursing Home Restrictions

- Communal dining and group activities may occur for residents who are not on observation or isolation for COVID-19, provided that the facility maintains social distancing among residents, appropriate hand hygiene, and face coverings for residents when outside of their rooms.

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Personal Protective Equipment (PPE)

Transitioning from Crisis and Contingency Standards to Optimal Usage of PPE in Skilled Nursing Facilities

Department of Health and Human Services
Public Health Emergency Preparedness and Response

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PPE Distribution to NHs/ALFs

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Time	Supply Chain	Surg. Mask / KN-95	N-95 Respirator	Face Shield	Gloves	Gowns
Mar-May	Constrained	611,754	272,519	118,819	447,653	49,211
Jun-Aug	Constrained	457,700	405,800	104,250	4,536,400	191,330
Sep-Nov	Open	8,000	2,420	640	13,500	11,500
Totals		1,077,454	*680,739*	223,709	4,997,553	252,041

Additional supplies include disinfectants, hand wipes, IR thermometers, cloth face coverings (for visitors and staff using outside of facility). These figures do not include purchases made through the commercial supply chain or supplied by corporate partners.

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Distribution of PPE

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NHs/LTCFs represent the county's largest number of at-risk congregate care/living residents and have experienced the greatest impact from facility-related COVID-19 outbreaks. As such, they have been a county priority to ensure appropriate levels of emergency PPE supply.

- 64% of all N95 respirators
- 92% of all KN95 masks
- 42% of all Surgical masks
- 73% of all Gloves
- 74% of all Face Shields/Eye Protection

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Considerations for Determining PPE Allocations to Healthcare

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- **Available local emergency stockpile.** Availability has changed significantly over time. Also responsible for supplying other County healthcare facilities and providers.
- **Availability through existing supply chain:** As traditional and alternative supply chains are beginning re-open, state and local stockpiling and distribution will be scaled back
- **Licensed Skilled Nursing Beds.**
- **Ongoing Outbreaks.** Additional N95 and isolation gowns provided to facilities with ongoing outbreaks.
- **Desire to transition to Conventional Usage of PPE.**

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Key PPE Milestones

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- **March:** HHS begins distribution of PPE from local public health stockpile.
- **April:** MDH established an EMMR (Emergency Medical Management Response) process for requesting PPE from local and State Health Departments. Online request process implemented in Montgomery County. (1,121 online requests to date)
- **June:** The County provides a significant push of resources and HHS guidance on transition from crisis and contingency usage to conventional usage of PPE.
- **September:** State guidance updated with re-establishment of supply chain.
- **October:** State NH guidance requires 30- and 60-day PPE stockpiles by NHs.
- **October:** Fit Testing supplies distributed to facilities identifying a need.

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MDH Guidance pursuant to opening of the supply chain

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- Starting on 9/29, LHDs must verify the following prior to providing PPE:
  - Partners are exhausting all supply chain possibilities prior to going to the LHD or State Health Department
  - Partners are not charging a PPE fee when receiving PPE from the state or LHDs (either as a separate fee or as a part of their administrative fee) or otherwise profiting from PPE
  - Nursing homes/LTCs that received direct funding for PPE from the federal government are using those funds first before going to the LHD
  - Facilities are utilizing PPE Conservation measures as defined by CDC

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MDH Guidance to stockpile PPE

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10/27 MDH directive on Nursing Homes Matters update:

- For use during potential outbreaks, all nursing homes shall stock and maintain a 30-day private stockpile of PPE by November 30, 2020 and shall increase that amount to a 60-day private stockpile of PPE by January 31, 2021.

> **Note:** The purpose of this private stockpile is to ensure that nursing homes have the capability to respond to outbreak situations and to maintain flexibility prior to local and state assistance.

- The County has developed a significant stockpile of emergency PPE to further backstop County agencies and healthcare partners during any further supply chain stoppages.
  - Facilities with urgent PPE needs may submit an online request with County HHS at https://montgomerycountymd.gov/HHS/emmr-form.html

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Flu Vaccination Requirements

Per COMAR 10.07.02.34E:

- The nursing home shall require that all employees receive annual immunization for influenza, unless medically contraindicated, against the employee's religious beliefs, or after being fully informed of the health risks associated with not receiving a vaccine, the employee refuses the immunization
- The nursing home shall inform all new and current employees of the health risks of not being immunized, document refusals, and require that any employee who is not vaccinated with the current influenza vaccine wear a mask when:
  - (i) Within 6 feet of a resident; and
  - (ii) During the influenza season as specified by the State's Prevention and Health Promotion Administration, based on influenza activity in Maryland.

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COVID-19 Vaccination

- On October 16, 2020, the US Department of Health & Human Services announced a partnership with CVS & Walgreens to provide and administer COVID-19 vaccines to residents of long-term care facilities (LTCF) nationwide with no out-of-pocket costs
- CVS and Walgreens will schedule and coordinate on-site clinic date(s) directly with each facility. It is anticipated that three total visits over approximately two months are likely to be needed to administer both doses of vaccine (if indicated) to residents and staff. The pharmacies will also:
  - Receive and manage vaccines and associated supplies (e.g., syringes, needles, and personal protective equipment).
  - Ensure cold chain management for vaccine.
  - Provide on-site administration of vaccine.
  - Report required vaccination data (including who was vaccinated, with what vaccine, and where) to the state, local, or territorial, and federal public health authorities within 72 hours of administering each dose.
  - Adhere to all applicable Centers for Medicare & Medicaid Services (CMS) requirements for COVID-19 testing for LTCF staff.

https://www.hhs.gov/about/news/2020/10/16/trump-aministration-partners-cvs-walgreens-provide-covid-19-vaccine-protect-vulnerable-americans-long-term-care-facilities-nationwide.html

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COVID-19 Vaccination

- As of Nov. 13, 2020, all Montgomery County nursing homes and large assisted living facilities have registered for the Federal COVID-19 vaccination program

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How can the public report concerns in nursing homes/assisted living facilities?

- Call the Long Term Care Ombudsman Program (240) 777-3369
- Call the Montgomery County COVID-19 hotline for infection control concerns (240) 777-1755
- Call the Montgomery County Licensure & Regulatory Program (240) 777-3986
- Call the Office of Health Care Quality or file a complaint online at https://fs30.formsite.com/OHCQ/OnlineComplaintForm/index.html
  - Nursing Homes: (410) 402-8108
  - Assisted Living Facilities: (410) 402-8217

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