**Meeting Invitees:**

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|  | Brent Rapos |  | Otis Woods |  | Pat Benesh |  | Jeanne Ayers |
|  | Pat Boyer |  | Carrie Molke |  | Cynthia Ofstead |  | Dr. Chris Crnich |
|  | Kiva Graves |  | Michael Pochowski |  | Jeff Kaphengst |  | Charles Warzecha |
|  | Shari Klessig |  | Ann Angell |  | John Sauer |  | John Vander Meer |
|  | Heather Bruemmer |  | Kim Marheine |  | Jessica Trudell |  | Kellie Miller |
|  | Ann Lamberg |  | Darlene Kindt |  | Jim Stoa |  | Ed Kohl |
|  | Sue Urban |  | Benjamin Nerad |  | Kim Schindler |  | Claudine McCarthy |
|  | Betsy Genz |  | Annette Cruz |  | Kim Carlson |  | Susan Rothe |
|  | Kris Kubnick |  | Mark Hilliker |  | Jill Walter |  | Tim Garrity |
|  | Denise Monroe |  | Jennifer Rohrbeck |  | Heidi Davis |  | Kyle Raeder |
|  | Kelly Carter |  | Tara Treglowne |  | Christy Smith |  | Don Slowik |
|  | Jen Harrison |  | Jonathan Claflin |  | Sana Khan |  | Kevin Collins |
|  | Angela Seidl |  | Diana Aguirre |  | Sara Mulhbauer |  | Caitlin Connelly |
|  | Michael Garlie |  | Jane Brackett |  | Travis Wick |  | Tovah Bates |
|  | Melissa Eilbes |  | Ruth Christensen |  | Tom Lutzow |  | Kris Willey |
|  | Allison Cramer |  | Grant Cummings |  | Ruth Christensen |  | Amber Mullet |
|  | Robin Wolzenburg |  | Karen Odegaard |  | Henry Kosarzycki |  |  |

**Resources:**

* [**https://www.dhs.wisconsin.gov/covid-19/index.htm**](https://www.dhs.wisconsin.gov/covid-19/index.htm)
* [**https://www.dhs.wisconsin.gov/publications/p02611.pdf**](https://www.dhs.wisconsin.gov/publications/p02611.pdf)
* **https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf**

**Agenda:**

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| **Time:** | **Topic:** | **Lead:** | **Follow-up Items:** |
| 1:00 p.m. | Welcome  | Otis |  |
| 1:05 p.m. | **Questions:**1. Bureau of Communicable Diseases Memo- 3/20/2020 states "HCP who have been exposed to COVID-19 but are asymptomatic do not need to be excluded from work, but should self-monitor symptoms."  (LeadingAge COVID-19 Update 3/20/20).  The "Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19" (3/7/2020) provides that "HCP with potential exposures to COVID-19 in community settings should have their exposure risk assessed according to CDC guidance.  HCP who have a community or travel associated exposure should undergo monitoring as defined by that guidance.  Those who fall into the high or medium risk category described there should be excluded from work in a healthcare setting until 14 days after their exposure.

This seems to me to conflict one another?  One states HCP with exposure to COVID but without symptoms may work.  The other states if they have COVID exposure they should not be allowed to work for 14 days.  All our staff are screened and temps are taken twice daily.  Whether they were in Kentucky or Green Bay, we all have the potential for exposure? 1. We’ve heard that a company called Aytu BioScience, a specialty pharmaceutical company, received confirmation from the U.S. FDA that they can distribute its COVID-19 IgG/IgM Rapid Test throughout the U.S.  Assisted living providers are interested in purchasing these tests but weren’t sure if they can administer these tests to their residents.  Is a doctor’s order required to administer the test.  Can a nurse administer the test?  Any details would be greatly appreciated.  <https://finance.yahoo.com/news/aytu-bioscience-submits-notice-commercialization-120000047.html>
2. Counties such as Washington/Ozaukee, Racine, Kenosha, Sauk, Jefferson, and the City of Appleton issued orders requiring the issue of PPE in all situations.  Washington/Ozaukee and Kenosha county is also mandating that staff not work in more than one facility.  Has DHS been able to work with these counties and all counties in Wisconsin to stress the importance of a consistent message throughout the state utilizing guidance provided by DHS?
3. When will providers be notified if they are eligible for the PPE the state has received from the strategic national stockpile and how is the PPE being divided amounts provider-type: hospitals, skilled nursing facilities, assisted living facilities, etc.
4. What are the expectations for facilities to report confirmed COVID 19 for residents and staff to DHS (and MCOs)?
5. Are providers allowed to utilize homemade masks during this time? For example ones being made by volunteers in the community made of fabric/cotton.
6. Is it possible for local public health entities to release any data on facility residents who have confirmed cases of COVID-19?
7. Is it possible for local public health entities to release any data on facility staff who have confirmed cases of COVID-19?
8. Is it possible for the state to release any data on COVID-19 resident deaths in LTC facilities?
9. I am very interested in the Department’s perspective on the hospital discharge components of the blanket waiver dealing with COVID-19 positive residents and transfers, and what state regulations would need to be waived to provide the necessary flexibility to effectuate the intent of the CMS waiver in this pandemic crisis.
10. What waiver requests that are related to DQA’s jurisdiction were included in the state’s waiver request submitted to the Joint Finance Committee that were *not* included in these waivers that will be advanced to the Joint Finance Committee?
11. What is the position of DQA regarding the recent Kenosha Public Health Department order?
12. The call on Friday was very confusing. If a resident is isolated due to symptoms or has tested positive, what are the expectations of the provider? Redirecting, distracting with activities are good strategies, but I think with potential outcome as serious as them potentially affecting other vulnerable residents we may need more to give more guidance. Similarly, what are some strategies we can suggest for providers who have independent and AL especially now with the Shelter at Home Executive Order?
13. Can DHS provide an update on the status of obtaining waivers of certain regulations/requirements for chs. 83, 88, and 89?  Will there be a state-wide waiver for certain requirements?
14. DHS sent this memo out today:  Can you tell me which specific provider types this applies to?  Confused by the reference of “heightened scrutiny and non-residential settings”?

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| **Home and Community-Based Services Waivers** |

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| **Suspension of On-site Home and Community-Based Settings Rule Compliance Assessments**The Wisconsin Department of Health Services (DHS) has suspended on-site home and community-based settings rule compliance assessments until further notice. DHS has implemented significant social distancing measures in response to the rising number of COVID-19 cases in Wisconsin, and this measure is to protect against widespread community transmission.This temporary change applies to both heightened scrutiny and nonresidential settings.DHS reviewers will continue to review documents submitted by providers as part of this process. Reviewers may be contacting providers for additional information during this time. |

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1. As you know, to assist in addressing staffing shortages due to the COVID-19 pandemic, CMS is waiving the requirements that a facility may not employ anyone for longer than four months unless they meet certain training and certification requirements. This waiver allows nursing centers to temporarily employ individuals who have completed alternative training paths, as long as they are competent to provide relevant nursing and nursing related services. To fill this need, AHCA/NCAL is offering an 8-hour online [Temporary Nurse Aide](https://secure-web.cisco.com/1c-4gNIRxIm_wWIoGvlC4niEtq_gZdWH5g-RB8N7ITgbXWRQF6ScG8P8dXIVECLBxFVnptOMdJQtvq9KlDaBkCJQbzgEvUeheI3zUWS-4SHJS9a8C2F0R5mw0X09th5FZvHJxALjzcHEGaas0HM651fEYmSZCXnqVM3mL196XRYbU6ci6dRGUn5pLHAq1oLy1WQi2PSSPYix2DI9xKm5yTY6nxEkHwrJeAHBdnbfEdZI7yd5w908D9VcRh6gnwHXnfZ2jqkJiXi6rh4djuniL3Q/https%3A//cl.exct.net/%3Fqs%3D447532825538e89472c2a4b0b05f768bc4e65e0f4a3a9176d041cb961ef8bed5161acb482b22b36197c3b481e68a7263747159ce75e8e078) training course free to all providers as soon as all required state approvals, such as state occupational licensing and state regulatory requirements, are received. WHCA/WiCAL requests the state provide approval of this free curriculum so that facilities can get caregivers working in their buildings as soon as possible. Is that possible? What can we do to help with that?

**Funding Questions to be forwarded to DMS for response**1. Providers, particularly those that rely on Family Care are very concerned that they will not be able to make payroll. The Direct Care Workforce payment is not coming until at least April 10th. The last two weeks they’ve had significant increases in payroll due to the increase in required staffing to satisfy the no congregate dining or activities, the necessary incentive pay to keep people on the floor and additional staffing shortages because of those who are symptomatic or must self-quarantine.
 | Jeanne/Otis/Dr.Crnich |  |
| 2:00 p.m. | Walk-ons | All |  |
| 2:30 p.m. | Adjourn |  |  |

Additional notes: