

To: All Providers of State and Medicaid Funded Services
From: Khristine Brewington, VP of Network Management, MS, LCMHC, LCAS, CCS, CCJP
Date: May 8, 2020
Subject: Title II Americans with Disabilities Act (ADA) and Section 504 Rehabilitation Act (RA) Protections during the COVID-19 Pandemic, NC HealthConnex COVID-19 Special Update, Requesting Personal Protective Equipment

TITLE II AMERICANS WITH DISABILITIES ACT (ADA) AND SECTION 504 REHABILITATION ACT (RA) PROTECTIONS DURING THE COVID-19 PANDEMIC

Federal law requires all Medicaid providers in North Carolina to comply with the Americans with Disabilities Act (ADA) and Rehabilitation Act, which includes providing reasonable accommodations for people living with disabilities.

On March 28, 2020, the U.S. Department of Health and Human Services Office of Civil Rights (OCR) issued the Bulletin "Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)" (<https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>) to ensure that entities covered by civil rights authorities keep in mind their obligations under laws and regulations that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS-funded programs.

OCR remains in close coordination with federal partners to help ensure that the nation's response effectively addresses the needs of at-risk populations. To this end and as resources allow, government officials, health care providers, and covered entities should not overlook their obligations under federal civil rights laws to help ensure all segments of the community are served by:

- 🌱 **Providing effective communication** with individuals who are deaf, hard of hearing, blind, have low vision, or have speech and other communication barriers through the use of **qualified interpreters, picture boards, other communication devices and other means;**
- 🌱 **Providing meaningful access to programs and information** to individuals with limited English proficiency through the use of **qualified interpreters and through other means;**
- 🌱 **Making emergency messaging available in plain language and in languages prevalent in the affected area(s) and in multiple formats**, such as audio, large print, captioning, and ensuring that websites providing emergency-related information are accessible and compliant with section 508 of the US Rehabilitation Act guidelines;

- 🌱 Addressing the needs of individuals with disabilities in emergency planning, including, but not limited to individuals with:
 - Mobility, movement and other physical limitations,
 - Individuals who use assistive technology, auxiliary aids, or durable medical equipment, and service animals,
 - Individuals with sensory, speech, and other communication barriers,
 - Individuals with cognitive, intellectual disability, and other developmental disability support needs,
 - Individuals with immunosuppressed conditions including HIV/AIDS;
- 🌱 Respecting requests for **religious accommodations** in treatment and access to clergy or faith practices as practicable.

CONSIDERATIONS FOR CAREGIVERS REGARDING ACCOMPANYING A FAMILY MEMBER INTO A HOSPITAL OR MEDICAL FACILITY

The United States Centers for Disease Control (CDC) has issued guidance regarding allowing visitors who are essential for the patient's physical or emotional well-being and care (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>). This guidance includes the following:

- 🌱 Manage Visitor Access and Movement Within the Facility
- 🌱 Limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care (e.g., care partners).
- 🌱 Support visiting caregivers with functional support needs in their efforts to assist with the patient.
- 🌱 Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
- 🌱 Limit points of entry to the facility and visitation hours to allow screening of all potential visitors.
- 🌱 Actively assess all visitors for fever and COVID-19 symptoms upon entry to the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility.
- 🌱 Establish procedures for monitoring, managing, and training all visitors, which should include:
 - All visitors should be instructed to wear a facemask or cloth face covering at all times while in the facility, perform frequent hand hygiene, and restrict their visit to the patient's room or other area designated by the facility,
 - Informing visitors about appropriate Personal Protective Equipment (PPE) use according to current facility visitor policy.

🦠 If visitation to patients with COVID-19 occurs, visits should be scheduled and controlled to allow for the following:

- Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions,
- Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room,
- Visitors should not be present during aerosol generating procedures (AGPs) or other procedures,
- Visitors should be instructed to only visit the patient room. They should not go to other locations in the facility.

For individuals with a cognitive impairment or intellectual disability, it is important to ensure the individual has adequate support for decision making and treatment. These individuals may need to have a caregiver accompany them in either the ambulance or in the hospital. Accompaniment should be allowed in accordance with the guidance above.

Contact:

NC Medicaid Contact Center: 888-245-0179

NC HEALTHCONNEX COVID-19 SPECIAL UPDATE

Our thoughts are with the health care community and our fellow North Carolinians who are adjusting their lives on a daily basis to address this pandemic. During these challenging and uncertain times, the NC HIEA/NC HealthConnex is doing its part to provide uninterrupted data exchange during the COVID-19 outbreak. They are working with health information exchange participants, numerous stakeholders, including DHHS, AHEC and others, to provide near, real-time information to support important patient and public health monitoring and care coordination.

NC HIEA understands that many of your health care organizations are on the front line of this public health crisis and with changes happening daily, the team at NC HealthConnex is here to help. Supporting communities with real-time patient data during an emergency is a proven use case of HIEs like NC HealthConnex. They are fully operational, but the team is now working remotely to accommodate social distancing guidelines.

COVID-19 RECOVERY ACT PROVIDES RELIEF TO HIE ACT JUNE 1 DEADLINE

In response to the COVID-19 pandemic, the [COVID-19 Recovery Act](#) (NCSL 2020-3) was signed into law by Governor Roy Cooper on Monday, May 4. Section 3E.1.(a) addresses the connection requirement to the state-designated HIE Network - NC HealthConnex, extending the June 1, 2020, connection deadline to October 1, 2021. In addition, all providers who have shown a good faith effort to connect to NC HealthConnex and have a valid Participation Agreement on file will also have

the extended deadline of October 1, 2021. This extension of time will allow the large queue of health care providers who are in active onboarding to complete the connection process. Connecting to NC HealthConnex can take up to 12 months, depending on your EHR software.

Please note: If you were mandated to connect by June 1, 2020, your new deadline is October 1, 2021. Providers who have signed a Participation Agreement do not need to take further action. The NC HealthConnex technical team will reach out when technical discussions are to begin with your practice.

Please email HIEA@nc.gov with any questions.

EXPANDED DATA SHARING FROM SUBMIT ONLY HOSPITAL/HEALTH SYSTEMS:

With the support of the NC HIEA Advisory Board, NC HIEA has urged several North Carolina hospitals to expand their data sharing with the HIE to enable more timely information at the point of care and for public health monitoring to accelerate situational awareness of local impacts of the virus.

In response to this call to action, Duke Health, WakeMed and Wake Forest Baptist are sending all patient data to NC HealthConnex, and they remain hopeful to add more hospital systems to this list in the next week.

Additionally, NC HealthConnex participants contributing data include primary care, urgent care, FQHCs, county health departments, free clinics, behavioral health and other specialties. For a complete list, visit [Who's Connected](#).

FOR CURRENT FULL PARTICIPANTS:

Clinical Portal User Guide – See the [COVID-19 Quick Reference Guide](#), a document that walks providers through how to access COVID-19 patient results in the NC HealthConnex clinical portal.

To gain new or expanded access to the clinical portal, contact the NC HIEA provider relations team at hiea@nc.gov and mention that you are requesting PRIORITY access related to COVID-19.

NC*Notify Event Notifications – NC*Notify is a subscription-based service that alerts providers as often as daily when their patients receive services across the care continuum using admission, discharge and transfer information from hospitals and encounter information from ambulatory clinics. NC*Notify offers several fields that are particularly valuable for providers in monitoring their patients for potential COVID-19- related episodes.

For current or new subscribers, the patient subscriptions can be updated to begin monitoring patients that the Participant recognizes as having elevated risks for complications from the virus. The following list outlines some of the key fields in the result file and how they can be used for this scenario.

-  Encounter diagnosis (or chief complaint) indicating a COVID-19-related symptom or condition
-  Discharge Disposition indicating the status of the patient at discharge
-  Discharge Location indicating the facility or organization to which the patient was discharged
-  Patient Class indicating the type of visit, such as an inpatient hospitalization

If you would like to [enroll in this service](#) for the first time, contact the NC HIEA provider relations team at hiea@nc.gov and mention that you are requesting PRIORITY enrollment related to COVID-19.

Expedited Access for Non-Participants:

The NC HIEA has developed an emergency access participation agreement that can be used to provide health care providers emergency access to the NC HealthConnex Clinical Portal only for treatment purposes during the COVID-19 public health emergency. It is available [here](#).

Virtual Training Is Available Through NC AHEC or the HIEA Outreach Team:

Participants may choose a virtual option via the [Training Request Form](#).

NC HealthConnex Help Desk:

- **General technical support hours of operation:** Monday through Friday, 8 a.m. to 8 p.m. EST
- **Email:** HIESupport@sas.com
- **Phone:** 919-531-2700
- To make sure your call is handled efficiently, when contacting the Help Desk, indicate that you would like to reach the [NC HealthConnex Help Desk](#).
- **Emergency issues after hours:** You should report after-hours issues by calling 919-531-2700. This will guarantee a timely response to your issue. Because we cannot guarantee less than 24-hour response on problems tracked electronically, if you choose to send an email or enter a Technical Support Form, your issue will be addressed the morning of the following business day.

Additional Resources:

- 🌱 Mid-Atlantic Telehealth Resource Center Telehealth Grant Opportunities - <https://www.matrc.org/many-telehealth-funding-opportunities-available/>
- 🌱 Rural Health Grant Opportunities - <https://www.ncdhhs.gov/about/grant-opportunities/rural-health-grant-opportunities>
- 🌱 HIMSS: In Times of Crisis, HIEs are Front and Center - <https://www.himss.org/news/times-crisis-hie-front-and-center>
- 🌱 Centers for Medicare & Medicaid Services Newsroom - <https://www.cms.gov/newsroom>
- 🌱 CDC-recommended ICD-10 codes to enable tracking the spread of confirmed and unconfirmed COVID-19 coronavirus cases in North Carolina.
- 🌱 See <https://www.cdc.gov/nchs/icd/icd10cm.htm>.
- 🌱 Healthcare Innovation: COVID-19 Pandemic Creates Opportunity for Cyber Criminals, Report Finds - <https://www.hcinnovationgroup.com/cybersecurity/news/21134455/covid19-pandemic-creates-opportunity-for-cyber-criminals-report-finds>
- 🌱 Comprehensive guidance available on the [DHHS website](#)

- 🌿 NC AHEC & Office of Rural Health Rural Health Information Technology Program- <https://www.ncdhhs.gov/divisions/office-rural-health/office-rural-health-programs/rural-health-information-technology>
- 🌿 NC Area Health Education Centers (AHEC) COVID-19 Webinar - <https://www.ncahec.net/news/resources-and-courses-on-covid-19/>
- 🌿 NC Area Health Education Centers (AHEC) Telehealth Billing Cheat Sheet - <https://hiea.nc.gov/documents/nc-ahec-telehealth-billing-cheat-sheet>
- 🌿 Broadband Resources - <https://www.ncbroadband.gov/covid19broadband/>
- 🌿 Enforcement Discretion Related to ONC's Cure Act Final Rule - <https://www.healthit.gov/curesrule/resources/enforcement-discretion>
- 🌿 i2i Center COVID-19 Information and Resources - <https://i2icenter.org/north-carolina-covid-19-resources/>
- 🌿 NCHICA COVID-19 Resources - <https://nchica.org/resources/covid-19/>
- 🌿 How HIEs Are Accommodating Data Exchange During COVID-19 - <https://ehrintelligence.com/news/how-hies-are-accommodating-data-exchange-during-covid-19?>

If you have any questions or concerns, please contact the HIEA provider relations team at hiea@nc.gov.

REQUESTING PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) has become one of the largest needs across our state during the COVID-19 pandemic. NCDHHS and the NC Department of Public Safety understand organizations across North Carolina are in need of PPE and state government is actively working to help get PPE to those who need it.

State leadership has put together a process for fulfillment of requests for PPE. In developing this process, the state is trying to make sure that those at highest risk of severe clinical disease and workers delivering emergent life-saving services are receiving the PPE they need. This process addresses three groups of prioritization for receiving PPE. In order of priority, those groups are:

- 🌿 Group 1: Acute and Long-Term Care
- 🌿 Group 2: Congregate Care Settings and Health Care/First Responder Agencies
- 🌿 Group 3: Non-Health Care Entities.

Read the full [Guidelines for Allocation of Personal Protective Equipment](#).

If your agency or facility is concerned about PPE supplies, a [guidance document](#) reviewed by the NC Department of Labor's Occupational Safety and Health Division gives strategies for optimizing PPE usage. It outlines options your agency should consider if PPE supplies are limited or unavailable.

If after implementing and exhausting all conservation measures, your health care agency or facility is in critical need of PPE supplies, please go to the corresponding link below to detail those needs for PPE

ONLY. If your agency or facility does not fall under EMS, Skilled Nursing, or Hospital, please use the "other health care facility" link.

 [EMS Agencies](#)

 [Skilled Nursing Facilities](#)

 [Hospitals](#)

 [Other Health Care Facilities](#)

As a result of severe disruptions in the global supply network, your full request may not be provided due to limited quantities on hand. Requests will be filled as quantities are made available based on the prioritization schedule. If you have questions about how to put in a PPE request, email OEMSSupportCell@dhhs.nc.gov.

These surveys and processes are only for PPE requests. For all other critical public health and safety resource needs, reach out to your [Local Emergency Manager](#).

Any questions about this Communication Bulletin may be sent to the following email: NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.