

Johnson County Long Term Care Facilities COVID-19 Reopening Plan

June 17, 2020



Background

The Johnson County Long Term Care Facilities (LTCF) Recovery Plan contains details of how to responsibly protect the LTCF residents, our most vulnerable population, and the community's health and safety while beginning to gradually re-open LTCFs.

Johnson County data show that a significantly high percentage of deaths have occurred in LTCF due to COVID-19.

This recovery plan is based on a phased approach to the re-opening of LTCF facilities in a way that protects the residents of these facilities. It covers Skilled Nursing, Assisted Living, Memory Care, and other State licensed facilities in Johnson County, and all are permitted to re-open per the Kansas Department for Aging and Disability Services (KDADS).

The plan is developed based on guidelines and recommendations from Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), Kansas Department of Health and Environment (KDHE), and KDADS.

The Johnson County Department of Health and Environment (JCDHE) has worked closely with LTCF throughout the COVID-19 response and will continue to do so. JCDHE staff has hosted weekly webinars, inspected facilities and provided consultations and testing resources. JCDHE will continue to find ways to assist LTCFs in ensuring that infection control and other processes are designed to minimize introduction of the SARS-CoV-2, the virus that causes COVID-19, into the facilities. In the unfortunate case where the virus is introduced, JCDHE will ensure that urgent and swift steps are taken to minimize the spread and negative impacts on this vulnerable population.

Johnson County has started to open businesses, activities and events. With this comes an increased risk of disease transmission and an increased risk of more severe outcomes in the LTCF population.

As many facilities are considering relaxing measures and allowing visits from non-medical personnel, it is important to not relent on efforts to keep people safe. If anything, opening things up more necessitates that more attention is paid to infection control details. The more people the facility has coming in, the higher the risk. Therefore, each facility must ensure they have what is needed prior to re-opening facilities to visits from non-medical personnel.

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Universal Precautions and COVID-19 Prevention Strategies

Key steps and processes to take to ensure the risk of a COVID-19 outbreak in your facilities is reduced:

1. Continuously evaluate and improve all infection control processes.
2. Ensure adequate supply and consistent, unfailing use of Personal Protective Equipment (PPE) by staff, visitors and residents.
3. Staff members often live out of the county and sometimes work in multiple facilities. Therefore, the risk of new introductions of the virus into a facility is high. Implementing **biweekly** testing of staff members is instrumental in identifying and containing the virus. This can be staggered as appropriate, but samples should be collected by qualified adult care home staff. Ensuring, to the extent possible, that staff are not working in multiple facilities is another strategy to mitigate spread. This may require coordination with staffing agencies, if one is used. If staff work in multiple facilities, confirm that the right risk reduction policies are in place.
4. Before allowing visitors, ensure that the facility has the appropriate systems in place to prevent and quickly detect outbreaks. This includes having well-trained staff, and adequate testing resources and plan in place. It is good business practice to screen all visitors for symptoms and fever before entering the facility and educate them on the need to not visit when the visitors are sick.
5. When the **first** infection is found, consider testing every resident and every staff. Currently, KDHE will provide the resources to do this only if a case is identified. Alternatively, investigate the possibility of Medicare and private insurance cover the testing. Your facility should also have a contract in place with a private laboratory for testing.
6. Develop and make available to families and residents a testing and cohorting plan for reopening that is consistent with the facility's continuity of operations and infection control policy. Each plan is a facility-by-facility-plan.
7. Ensure your facility has enough staff prior to opening to non-medical visitors.
8. Provide JCDHE with a written screening protocol for residents and staff.
9. Have a plan to ensure regular communications with residents' family members.
10. Create a site-specific plan as required by KDADS for review and approval by JCDHE (refer to the attached KDADS document for guidance) as well as a layout of the facility.

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Phased Approach to Recovery

Phase 1 represents the current phase in Johnson County for LTCFs. Per KDADS guidelines, approval by JCDHE is needed for each facility prior to proceeding to Phase 2.

Please refer to the attached checklist to ensure your facility plan meets the criteria set by KDADS and JCDHE before submission.

Note that the relaxation of visitor or outside service restrictions must be immediately reversed if a resident or staff member tests positive for COVID-19.

Phase 1: Current State

Criteria for implementation	Visitation Considerations	Patient Considerations	Staff Considerations
<ul style="list-style-type: none"> Current state with initial COVID-19 outbreak. Any time the facility has a current outbreak, defined as one new positive test (previously untested or negative) of a resident in the facility or two direct care staff members. When directed by Johnson County Department of Health and Environment. 	<ul style="list-style-type: none"> Visitors prohibited except in compassionate care situations. In these limited situations, visitors are screened, and additional precautions are taken, including social distancing, hand hygiene, and cloth or other face mask. Visits are time limited and should occur with minimal exposure to other residents. Restricted entry of non-essential healthcare personnel. This includes limiting personnel that work in other congregate living settings, as able. 	<ul style="list-style-type: none"> Communal dining is limited. Trips outside the facility that are not medically necessary should be avoided. Restrict group activities. 100% screening of all residents at least daily for symptoms, exposure, temperature. 	<ul style="list-style-type: none"> 100% screening for all staff at the beginning of all shifts for symptoms, exposure, and temperature check. Universal mask required. Goggles/face shield recommended for front line staff. Strongly consider testing all staff weekly.

Phase 2: Reopening

Criteria for implementation	Visitation Considerations	Patient Considerations	Staff Considerations
<ul style="list-style-type: none"> No new cases in the facility for 28 days. If there has been an outbreak in the facility, this means 	<ul style="list-style-type: none"> Visitors allowed with screening and additional precautions, including social distancing, hand 	<ul style="list-style-type: none"> Communal dining is limited. Group activities for no more than 10 residents using social 	<ul style="list-style-type: none"> 100% screening for all staff at the beginning of all shifts for symptoms,

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<p>there is documented testing that shows outbreak is controlled. If there have been no outbreaks, at a minimum, prevalence testing of staff and residents to ensure there are no ongoing transmission in the facility.</p> <ul style="list-style-type: none"> • The facility is not experiencing staff shortages. This means all shifts are covered per pre-COVID levels. • The facility has adequate personal protective equipment and essential cleaning and disinfection supplies to care for residents. A minimum of 2 weeks supply should be on hand for use at a level that would, at a minimum, based on contingency standards (not crisis). • The facility has adequate access to testing for COVID-19. It is recommended that a private lab be contracted with, in addition to local health department resources. Test all residents weekly if one staff or resident tests positive until there are no new positive tests for two weeks. • Referral hospitals have bed capacity on wards and in ICU. 	<p>hygiene, and cloth or other face mask. Limit exposure to other residents, including those in shared rooms. Consider outdoor visits whenever possible.</p> <ul style="list-style-type: none"> • Allow entry of limited non-essential healthcare personnel. This includes limiting personnel that work in other congregate living settings, as able. 	<p>distancing. All residents should be encouraged to wear masks, use hand hygiene.</p> <ul style="list-style-type: none"> • 100% screening of all residents at least daily for symptoms, exposure, temperature. 	<p>exposure, and temperature check.</p> <ul style="list-style-type: none"> • Universal mask required. Goggles/face shield recommended for front line staff. • All staff are tested weekly.
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Kansas Department for Aging and Disability Services COVID-19 Guidance

DATE: June 12, 2020

TO: State and Local Officials, Nursing Facility Operators/Owners/Administrators, Stakeholders, Industry Associations, General Public

FROM: Secretary Laura Howard

SUBJECT: Nursing Facilities Reopening Requirements and Recommendations

EFFECTIVE: Immediately

This KDADS guidance is intended to provide **requirements** and *recommendations* to Kansas nursing facilities regarding COVID-19 testing and the reopening of their homes to visitors and services, using a phased approach based on information from the Kansas Department of Health and Environment (KDHE), federal Center for Medicare and Medicaid Services (CMS) and the federal Centers for Disease Control and Prevention (CDC). Separate guidance will be released for assisted living, Home Plus and other state licensed facilities.

REQUIREMENTS AND RECOMMENDATIONS FOR CREATING A FACILITY-SPECIFIC REOPENING PLAN:

Testing and Cohorting –

1. **Create a plan for COVID-19 testing of staff and residents** (note: this does not mean every nursing facility is required to do baseline testing of all its residents and staff). The plan should address how your facility will respond to positive COVID-19 test results for both staff and residents. All nursing facilities should have a testing and cohorting plan for reopening that is consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is a facility-by-facility-plan. While CMS recommends baseline testing, *KDADS recommends nursing facilities review the [Algorithm for Testing and Cohorting Nursing Home Residents document](#) dated May 28, 2020.*
2. **Samples should be collected by qualified nursing facility staff.** See training videos for different specimen collection procedures under the 'Videos' tab here: <https://www.coronavirus.kdheks.gov/170/Healthcare-Providers>.

3. **Contract with a laboratory to conduct COVID-19 diagnostic testing.** Nursing facilities should be prepared to conduct COVID-19 tests for screening of residents and staff. *KDADS recommends using a laboratory directly linked to KDHE's epidemiology reporting system.* If testing is needed in response to a COVID-19 infection in your facility, contact the KDHE Epidemiology Hotline at 877-427-7317 to coordinate testing through the Kansas Health and Environmental Laboratories (KHEL).
4. **Obtain a temporary license/acknowledgment of a dedicated unit, alternate care site or isolation room(s) that will be used in response to COVID-19 testing and cohorting, if needed.** KDADS's email address to initiate a request for temporary license/acknowledgment is: COVIDchecklist@ks.gov.

Reporting –

5. **Report suspected and confirmed COVID-19 cases to KDHE.**
6. **Report through the National Healthcare Safety Network (NHSN) surveillance system in accordance with CMS Guidance ([QSO-20-29-NH](#)) on reporting.**
7. **Report positive cases to residents and family members in accordance with CMS requirements ([QSO-20-29-NH](#)).**

Consultation with Local Health Officer –

8. **In concert with Governor Kelly's reopening plan, nursing facility plans for reopening must include consultation with Local Health Officers.** Contact information is available at https://www.kdheks.gov/olrh/download/health_directory.pdf. As noted by CMS, the COVID-19 pandemic is affecting counties and local communities in different ways. *As such, nursing facility administrators should monitor the factors for reopening regularly, consult with Local Health Officers often and adjust their plans accordingly.*

Phased Approach -

9. **A phased approach to reopening, based on factors identified in consultation with Local Health Officers, must be included in facility-specific plans.**
10. In general, reopening nursing facility to visitors and outside services and resumption of activities should be slower than the rest of the county or community.

ADDITIONAL INFORMATION FROM KDHE, CMS AND THE CDC AS FACILITIES CREATE REOPENING PLANS:

CMS issued guidance on the phases of reopening nursing facilities on May 18, 2020 ([QSO-20-30-NH](#)). *The guidance provides recommendations for nursing facilities to establish a mitigation plan in phases to slowly relax restrictions for visitation.* It provides guidance and considerations before allowing visitation and non-essential services in the nursing facilities, via phases. *It also provides recommendations for states and local governments to consider in determining the needed level of mitigation for nursing facilities.* That document did not replace or remove the requirement for nursing facilities to restrict visitors in the March 13, 2020 guidance from CMS ([QSO-20-14-NH](#)).

While Governor Kelly's statewide COVID-19 reopening plan is still available to provide guidance for reopening, each Kansas county health officer can enact more restrictive policies or loosen requirements to meet the conditions in their county. This means that each nursing facility will need to consult with their local health department regarding their mitigation plan.

RESOURCES FOR NURSING FACILITIES DEVELOPING PLANS:

1. **WORK WITH LOCAL HEALTH OFFICER:** Nursing facilities should be aware of and coordinate with local county public health officials and the Local Health Officer. Now, more than ever, the Local Health Officer plays a key role in determining how best to relax restrictions in their community, including nursing facilities. The nursing facility and local health department should agree on the need for diagnostic testing within a facility among residents or staff. This testing approach should be scientifically based, including the appropriate test and extent of testing. County Health Officer contact information is available here: https://www.kdheks.gov/olrh/download/health_directory.pdf.

All nursing facilities should develop and make available to families and residents a testing and cohorting plan for reopening that is consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is a facility-by-facility-plan. *While CMS recommends baseline testing, **KDADS requires nursing facilities to work closely with the Local Health Officer to determine the appropriate amount and frequency of testing.***

2. **CMS:** *The CMS recommendations in [QSO-20-30-NH](#) on relaxing restrictions are tied to community and facility level factors including:*
 - a. Case status in the community
 - b. Case status in the nursing facility
 - c. Adequacy of staffing in the facility
 - d. Access to adequate testing including baseline testing of all residents and staff, written screening protocols, capacity to retest staff at least weekly
 - e. Universal source control/high standards of infection control including wearing masks, social distancing, sanitation and handwashing
 - f. Access to adequate Personal Protective Equipment (PPE) for staff
 - g. Local hospital capacity

3. **CDC:** The CDC has shared five key strategies to help protect residents and staff in facilities:
- a. **Keep COVID-19 from entering your facility** by restricting all visitors except for compassionate care situations and screening anyone who enters the facility, including staff and healthcare personnel, for fever and respiratory symptoms. (This is the current CDC strategy; however, it should be altered to reflect the current status of reopening.)
 - b. **Identify infections early** by actively screening residents daily for fever and respiratory symptoms and immediately isolate them if symptomatic. Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
 - c. **Prevent the spread of COVID-19** by restricting interaction in the facility by stopping communal dining or group activities and enforcing social distance among residents. Given spread of COVID-19 in the community, consider universal facemask use by staff. Wear all recommended PPE (gown, gloves, eye protection and mask) for all care if supply permits or for potential and known cases if supply is limited.
 - d. **Assess supply of PPE and initiate measures to optimize current supply** by implementing contingency strategies for PPE use during shortage periods, including PPE extended use and re-use (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy>). If you experience a PPE shortage, notify your local emergency management contact. Your healthcare coalition may be able to help as well (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>).
 - e. **Identify and manage severe illness** by actively monitoring ill residents at least three times daily to quickly identify residents who require transfer to a higher level of care. This includes at least temperature and pulse oximetry documentation. Finally, please contact the health department if you have additional questions and immediately notify them if you have any residents with a severe respiratory infection leading to hospitalization or sudden death, or if you have a cluster (3 or more residents and/or healthcare personnel) of respiratory infections or individuals (residents and/or healthcare personnel) with known or suspected COVID-19 infection.

ADDITIONAL KDADS INFORMATION AS FACILITIES CREATE REOPENING PLANS:

TESTING AND COHORTING PLAN: All Kansas nursing facilities should have a testing and cohorting plan for reopening consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is specific to that facility. *KDADS encourages facilities to closely review the American Health Care Association / National Center for Assisted Living (AHCA/NCAL) [Algorithm for Testing and Cohorting Nursing Homes document](#) (dated May 28, 2020) as plans are being developed.*

SAMPLE COLLECTION: Qualified nursing facility staff should gather samples for testing, as discussed with the Local Health Officer. If training is required, a video is available on the KDHE COVID-19 Resource Center website. See training videos for different specimen collection procedures under the 'Videos' tab here: <https://www.coronavirus.kdheks.gov/170/Healthcare-Providers>.

Facilities must obtain consent from residents before testing and develop plans to accommodate residents that refuse COVID-19 testing. Facility plans should also specifically address accommodations needed before testing residents with dementia or other medical or physical conditions that would require special attention before testing.

LABS: *Laboratories directly linked to KDHE's disease surveillance epidemiology reporting system are recommended as nursing facilities identify resources for conducting SARS-CoV-2 virus tests (e.g., PCR or antigen tests).* Nursing facilities should contact the Kansas Health and Environment Lab (KHEL) at the KDHE Epidemiology Hotline (877-427-7317) if they need to respond to a positive COVID-19 test among residents or staff. KHEL provides assistance for facilities that have positive COVID-19 cases.

PHYSICAL STRUCTURE/SPACE FOR COHORTING OR ISOLATION: As needed, facilities should request from KDADS a temporary acknowledgment or license for a designated unit or alternate care site to allow for appropriate isolation, quarantine, or cohorting of residents. The KDADS email address to initiate the process is COVIDchecklist@ks.gov.

REPORTING: State regulations require the reporting of COVID-19 cases, and suspected cases, to KDHE within 4 hours of identification. Reporting to KDHE will satisfy the federal requirement to notify KDADS about positive COVID-19 cases through the Abuse, Neglect or Exploitation Hotline. Nursing Facilities will need to continue reporting suspect and confirmed cases of COVID-19 to KDHE. This can be done several ways:

- Preferred method is for facilities to use the new KDHE reporting portal (<https://diseasereporting.kdhe.ks.gov/>) to report positive COVID-19 cases among residents or staff and suspected cases of COVID-19 among residents and staff. A lab result must be sent to KDHE, which is why KDADS recommends using a lab that is already submitting results reports to KDHE. Follow up with a call to the KDHE Epidemiology Hotline (877-427-7317) if the result of the test is positive to ensure KDHE is aware of the confirmed case (if your lab is set up to send the reports then KDHE should be receiving those automatically).
- Nursing facilities may report cases on the KDHE reportable disease form and submit to KDHE through other methods, including:
 - Sending the reportable disease form via a secure fax to report the suspicion of COVID-19 to the KDHE Epidemiology Hotline secure fax line (877-427-7318). Send the lab results via secure fax for positive cases.
 - Sending a secure email to the KDHE Epidemiology Hotline (kdhe.epihotline@ks.gov) with the report form and any other needed information. Send the lab results via secure email for positive cases.
 - Calling the KDHE Epidemiology Hotline (877-427-7317) to report suspected cases and to confirm positive case results are received.

As lab results are received, nursing facilities will follow CMS Guidance ([QSO-20-29-NH](#)) on reporting, including the use of the National Healthcare Safety Network (NHSN) surveillance system. KDHE and KDADS will produce weekly public reports on the status of COVID-19 positive cases in nursing facilities, number of tests performed on residents and staff as appropriate, and the PPE supplied to facilities.

RESIDENTS AND FAMILY: Facilities need to follow existing guidance on reporting positive cases to residents and family members issued by CMS and CDC. *KDADS recommends facilities make this reporting publicly available as well:*

1. A positive case reported through a testing laboratory that is connected to the KDHE system will satisfy the KDHE regulatory requirement for notification of local health departments.
2. KDADS will create a Kansas-specific report based on the data CMS makes available on nursing home compare.
3. Facility plans should address access by officials from the Office of Long-term Care Ombudsman. CMS directives allowed ombudsman access to residents in nursing facilities as a resource to residents and their families or loved ones. Facilities should include in the messages to families about the availability of services from the Long-term Care Ombudsman and how to access their services. **Facility plans that continue restrictions on visitors must accommodate visitation for compassionate care reasons. KDADS requires that the compassionate care exception be applied to residents who are receiving hospice services, have a life expectancy of less than six months, or are experiencing a significant decline, regardless of whether death is imminent.**

PHASES FOR REOPENING: The table below shows proposed phases of reopening nursing facilities, what facilities must have in place within that phase to protect residents and staff from COVID-19, recommended visitation policies and facility procedures, and the criteria needed to move into the next phase toward reopening.

The phases represent the current status of nursing facilities' readiness for a positive COVID-19 case (Phase 1), practices and processes during the earliest stages of reopening to visitors (Phase 2), and practices in place in counties or communities that have lifted COVID-19 related restrictions (Phase 3).

KDADS is providing these examples of policies and practices as guidance for nursing facilities as they can step back restrictions on visitors and outside services. **Any move to allow additional people into a nursing facility must be taken under the following conditions:**

1. In coordination with local public health authorities.
2. While maintaining the highest level of infection control practices and universal screening of residents, staff and visitors.
3. The relaxation of visitor or outside service restrictions must be immediately reversed if a resident or staff member tests positive for COVID-19.
4. More restrictive practices must be reimposed if a local public health authority directs that community conditions have shifted, and additional steps must be taken to prevent COVID-19 from spreading the community or facilities.
5. Processes must be in place to notify families and residents when a positive case occurs.

The table below offers examples of policies and practices considerations recommended by CMS in its May 18, 2020, guidance document ([QSO-20-30-NH](#)) of changes in policies at different phases of reopening. Kansas nursing facilities can use these as principles for their individual plans for reopening and as recommendations of issues to discuss with each Local Health Officer.

REOPENING PHASES	All Visitation and Outside Service Policies and Practices for Nursing Facilities based on consultation with Local Health Officer
<p><i>Phase 1</i></p>	<p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened, and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry).</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Non-essential healthcare personnel are restricted.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips away from of the facility the residents must wear a cloth face covering or facemask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p>
<p><i>Phase 2</i></p>	<p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened, and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry).</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p>

	<p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility the residents must wear a cloth face covering or facemask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p>
<p><i>Phase 3</i></p>	<p>Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility residents must wear a mask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> <p>100% screening of all persons entering the facility and all staff at the beginning of each shift including temperature checks and ensuring all outside persons entering building have cloth face covering or facemask.</p>

SPECIAL SESSION H.B. 2016 – Inspections, Personal Protective Equipment and Testing Supplies:

The Legislature passed HB 2016 during the 2020 Special Session requiring KDADS to complete infection control inspections for all nursing facilities, state licensed facilities, assisted living facilities, Home Plus, and Adult Board and Care homes within 90 days of the effective date of the bill. HB 2016 also requires KDADS provide the necessary PPE, sanitizing supplies and testing kits appropriate to the needs of each facility on an ongoing basis, based upon the current number of residents; the current number of full-time and part-time staff members; the number of residents and staff who have tested positive for COVID-19 in the last 14 days; the ability to separate COVID-19 residents from non-COVID19 residents; and any other factors deemed relevant by the Secretary of KDADS. KDADS is in the process of evaluating the logistics of supplying PPE, supplies and testing kits through existing supply channels at KDHE and the Division of Emergency Management. KDADS will release more information on the implementation of these provisions soon.

QUALITY IMPROVEMENT ORGANIZATION ASSISTANCE:

In November 2019, CMS awarded contracts to 12 experienced, community-based organizations to serve as Quality Improvement Organizations (QIOs) and focus on areas of immediate need as well as urgent healthcare priorities. QIOs provide education and training to every nursing home in the country. As part of their ongoing work, the QIOs provide more direct assistance to around 6,000 small, rural nursing homes and those serving vulnerable populations in areas where access to care is limited by helping them understand and comply with CMS and CDC reporting requirements, sharing best practices related to infection control, testing and patient transfers. The QIOs help nursing homes identify what their greatest areas of infection control problems are, then create an action plan and implement specific steps to establish a strong infection control and surveillance program. For example, they train staff on proper use of PPE, cohorting residents appropriately and transferring residents safely. They monitor compliance with infection control standards and practices in the nursing home.

Health Quality Innovators (HQI) is the QIN for Kansas and they work with the Kansas Foundation for Medical Care (KFMC) to provide support to Kansas nursing facilities. Brenda Davis with KFMC can be reached at 785-271-4168 or bdavis@kfmc.org if a nursing facility would like to utilize QIO resources.

ASSISTANCE WITH PLAN DEVELOPMENT:

As nursing facilities develop plans for reopening, questions can be sent to KDADS.reopening@ks.gov. A 'Frequently Asked Questions' list will be developed from the questions submitted and posted to the KDADS website. For specific questions about infection prevention and control, infectious disease reporting requirements to KDHE or public health, please contact [Bryna Stacey](#), Director, Infection Healthcare-Associated Infections & Antimicrobial Resistance Program at KDHE.

Kansas Department for Aging and Disability Services COVID-19 Guidance

DATE: June 17, 2020

TO: State and Local Officials, Adult Care Home Operators/Owners/Administrators, Stakeholders, Industry Associations, General Public

FROM: Secretary Laura Howard

SUBJECT: Adult Care Home Reopening Requirements and Recommendations

EFFECTIVE: Immediately

This KDADS guidance is intended to provide **requirements** and *recommendations* to Kansas Adult Care Homes including Assisted Living, Residential Health Care, Home Plus and other facilities regarding COVID-19 testing and reopening to visitors and services using a phased approach based on information from the Kansas Department of Health and Environment (KDHE), the federal Centers for Medicare and Medicaid Services (CMS) and the federal Centers for Disease Control and Prevention (CDC). This guidance is for adult care homes excluding skilled nursing facilities which were provided guidance in a separate document issued June 12, 2020 found at: https://kdads.ks.gov/docs/default-source/covid-19/reopening/nf-reopening-guidance-6-12-2020.pdf?sfvrsn=a9702ee_0.

REQUIREMENTS AND RECOMMENDATIONS FOR CREATING A FACILITY-SPECIFIC REOPENING PLAN:

Testing and Cohorting –

1. **Create a plan for COVID-19 testing of staff and residents** (note: this does not mean every facility is required to do baseline testing of all its residents and staff). The plan should address how your facility will respond to positive results for both staff and residents. **All adult care homes should have a testing and cohorting plan for reopening that is consistent with the facility's infection control policy, based on the level of community transmission as discussed with the Local Health Officer.** Each plan is a facility-by-facility-plan. While CMS recommends baseline testing for skilled nursing facilities, *KDADS recommends that Adult Care Home facilities work closely with the Local Health Officer to determine appropriate testing.* KDADS recommends adult care homes review the [*Algorithm for Testing and Cohorting Nursing Home Residents document*](#) dated May 28, 2020.

2. **Samples should be collected by qualified adult care home staff.** If the facility does not have a qualified nurse to collect a testing sample, the facility should work with the local health department or another health care provider. See training videos for different specimen collection procedures under the ‘Videos’ tab here:
<https://www.coronavirus.kdheks.gov/170/Healthcare-Providers>.
3. **Contract with a laboratory to conduct COVID-19 diagnostic testing.** Adult care homes should be prepared to conduct COVID-19 tests for screening of residents and staff. *KDADS recommends using a laboratory directly linked to KDHE’s epidemiology reporting system.* If testing is needed in response to a positive COVID-19 case in a resident or staff member in your facility, contact the KDHE Epidemiology Hotline at 877-427-7317 to coordinate testing with the Kansas Health and Environmental Laboratories (KHEL).
4. **Temporary license/acknowledgment of a dedicated unit, alternate care site or isolation room(s) that will be used in response to COVID-19 testing and cohorting, if needed.** KDADS’s email address to initiate a request for temporary license/acknowledgment is: COVIDchecklist@ks.gov.

Reporting –

5. **Report suspected and confirmed COVID-19 cases to KDHE.**
6. *Adult care homes can register to report through the National Healthcare Safety Network (NHSN) surveillance system in accordance with CMS Guidance on reporting ([QSO-20-29-NH](#)).*
7. **Report positive cases to residents and family members in accordance with CMS requirements ([QSO-20-29-NH](#)).**

Consultation with Local Health Officer –

8. **In concert with Governor Kelly’s reopening plan, adult care home plans for reopening must include consultation with Local Health Officers.** Contact information is available at https://www.kdheks.gov/olrh/download/health_directory.pdf.
As noted by CMS, the COVID-19 pandemic is affecting counties and local communities in different ways. As such, facility operators should monitor the factors for reopening regularly, consult with Local Health Officers often and adjust their plans accordingly.

Phased Approach -

9. **A phased approach to reopening, based on factors identified in consultation with Local Health Officers, must be included in facility-specific plans.**
10. In general, reopening adult care homes to visitors and outside services and resumption of activities should be slower than the rest of the county or community.

ADDITIONAL INFORMATION FROM KDHE, CMS AND THE CDC AS FACILITIES CREATE REOPENING PLANS:

CMS issued guidance on the phases of reopening nursing facilities on May 18, 2020 ([QSO-20-30-NH](#)). **KDADS will require adult care homes and state licensed facilities to follow the same guidelines as skilled nursing facilities for the purposes of establishing mitigation plans in phases to slowly relax restrictions for visitation.** It provides guidance and considerations before allowing visitation and non-essential services in adult care homes, via phases. *It also provides recommendations for states and local governments to consider in determining the needed level of mitigation for adult care homes.* That document did not replace or remove the requirement for nursing facilities to restrict visitors in the March 13, 2020 guidance from CMS ([QSO-20-14-NH](#)). The criteria and phases also apply to adult care homes developing plans for reopening to visitors and outside services.

While Governor Kelly's statewide COVID-19 reopening plan is still available to provide guidance for reopening, each Kansas county health officer can enact more restrictive policies or loosen requirements to meet the conditions in their county. This means that each adult care home will need to consult with their local health department regarding their mitigation plan.

RESOURCES FOR NURSING FACILITIES DEVELOPING PLANS:

1. **WORK WITH LOCAL HEALTH OFFICER:** Adult care homes should be aware of and coordinate with local county public health officials and the Local Health Officer. Now, more than ever, the Local Health Officer plays a key role in determining how best to relax restrictions in their community, including adult care homes. The adult care home and local health department should agree on the need for diagnostic testing within a facility among residents or staff. This testing approach should be scientifically based, including the appropriate test and extent of testing. County Health Officer contact information is available at:
https://www.kdheks.gov/olrh/download/health_directory.pdf.

All adult care homes should develop and make available to families and residents a testing and cohorting plan for reopening that is consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is a facility-by-facility-plan. *While CMS recommends baseline testing, KDADS requires adult care homes to work closely with the Local Health Officer to determine the appropriate amount and frequency of testing.*

2. **CMS:** *The CMS recommendations in [QSO-20-30-NH](#) on relaxing restrictions are tied to community and facility level factors including:*
 - a. Case status in the community
 - b. Case status in the nursing facility
 - c. Adequacy of staffing in the facility
 - d. Access to adequate testing including baseline testing of all residents and staff, written screening protocols, capacity to retest staff at least weekly
 - e. Universal source control/high standards of infection control including wearing masks, social distancing, sanitation and handwashing
 - f. Access to adequate Personal Protective Equipment (PPE) for staff
 - g. Local hospital capacity

While these requirements do not directly apply to adult care homes, the criteria can be applied in the reopening plans that adult care homes will develop in coordination with Local Health Officers.

3. **CDC:** The CDC has shared five key strategies to help protect residents and staff in facilities:
 - a. **Keep COVID-19 from entering your facility** by restricting all visitors except for compassionate care situations and screening anyone who enters the facility, including staff and healthcare personnel, for fever and respiratory symptoms. (This is the current CDC strategy; however, it should be altered to reflect the current status of reopening.)
 - b. **Identify infections early** by actively screening residents daily for fever and respiratory symptoms and immediately isolate them if symptomatic. Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
 - c. **Prevent the spread of COVID-19** by restricting interaction in the facility by stopping communal dining or group activities and enforcing social distance among residents. Given spread of COVID-19 in the community, consider universal facemask use by staff. Wear all recommended PPE (gown, gloves, eye protection and mask) for all care if supply permits or for potential and known cases if supply is limited.
 - d. **Assess supply of PPE and initiate measures to optimize current supply** by implementing contingency strategies for PPE use during shortage periods, including PPE extended use and re-use (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy>). If you experience a PPE shortage, notify your local emergency management contact. Your healthcare coalition may be able to help as well (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>).
 - e. **Identify and manage severe illness** by actively monitoring ill residents at least three times daily to quickly identify residents who require transfer to a higher level of care. This includes at least temperature and pulse oximetry documentation. Finally, please contact the health department if you have additional questions and immediately notify them if you have any residents with a severe respiratory infection leading to hospitalization or sudden death, or if you have a cluster (3 or more residents and/or healthcare personnel) of respiratory infections or individuals (residents and/or healthcare personnel) with known or suspected COVID-19 infection.

ADDITIONAL KDADS INFORMATION AS FACILITIES CREATE REOPENING PLANS:

TESTING AND COHORTING PLAN: All Kansas nursing facilities should have a testing and cohorting plan for reopening consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is specific to that facility. *KDADS encourages facilities to closely review the American Health Care Association /National Center for Assisted Living (AHCA/NCAL) [Algorithm for Testing and Cohorting Nursing Homes document](#) (dated May 28, 2020) as plans are being developed.*

SAMPLE COLLECTION: Qualified adult care home staff should gather samples for testing, as discussed with the Local Health Officer. This may require working with health care staff including nurses or the Medical Director to identify who can gather samples for testing. Facilities may need to reach out to the

local health department, a clinic or medical practice, hospital or other community provider for nursing assistance to gather samples. If training is required, a video is available on the KDHE COVID-19 Resource Center website. See training videos for different specimen collection procedures under the 'Videos' tab here: <https://www.coronavirus.kdheks.gov/170/Healthcare-Providers>.

Facilities must obtain consent from residents before testing and develop plans to accommodate residents that refuse COVID-19 testing. Facility plans should also specifically address accommodations needed before testing residents with dementia or other medical or physical conditions that would require special attention before testing.

LABS: *When not using the KHEL for response purposes of testing: laboratories directly linked to KDHE's disease surveillance epidemiology reporting system are recommended as adult care homes identify resources for conducting SARS-CoV-2 virus tests (e.g., PCR or antigen tests).* Adult care homes should contact the Kansas Health and Environment Lab (KHEL) at the KDHE Epidemiology Hotline (877-427-7317).

PHYSICAL STRUCTURE/SPACE FOR COHORTING OR ISOLATION: As needed, facilities should request from KDADS a temporary acknowledgment or license for a designated unit or alternate care site to allow for appropriate isolation, quarantine, or cohorting of residents. The KDADS email address to initiate the process is COVIDchecklist@ks.gov.

REPORTING: State regulations require the reporting of COVID-19 cases, and suspected cases, to KDHE within 4 hours of identification. Adult care homes will need to continue reporting suspected and confirmed cases of COVID-19 to KDHE.

The preferred method is for facilities to use the new KDHE reporting portal (<https://diseasereporting.kdhe.ks.gov/>) to report positive COVID-19 cases among residents or staff and suspected cases of COVID-19 among residents and staff. *KDADS recommends using a lab that is already submitting results reports to KDHE to satisfy the requirement for the lab result to be sent to KDHE.* Facilities should follow-up with a call to the KDHE Epidemiology Hotline (877-427-7317) if the result of the test is positive to ensure the KDHE is aware of the confirmed case.

Adult care homes may report cases on the KDHE reportable disease form and submit to KDHE through other methods including:

- Sending the reportable disease form via a secure fax to report the suspicion of COVID-19 to the KDHE Epidemiology Hotline secure fax line (877-427-7318). Send lab results via secure fax for positive cases.
- Sending a secure email to the KDHE Epidemiology Hotline (kdhe.epihotline@ks.gov) with the report form and any other needed information. Send the lab results via secure email for positive cases.
- Calling the KDHE Epidemiology Hotline (877-427-7317) to report suspected cases and to confirm positive case results are received.

KDADS will produce weekly public reports on the status of COVID-19 positive cases in adult care homes, number of tests performed on residents and staff as appropriate, and the PPE supplied to facilities.

RESIDENTS AND FAMILY: Facilities need to follow existing guidance on reporting positive cases to residents and family members issued by CMS and CDC. *KDADS recommends facilities make this reporting publicly available as well:*

1. A positive case reported through a testing laboratory that is connected to the KDHE system will satisfy the KDHE regulatory requirement for notification of local health departments.
2. KDADS will create a Kansas-specific adult care home report bead on KDHE data and CMS Nursing Home Compare data.
3. Facility plans should address access by officials from the Office of Long-term Care Ombudsman. CMS directives allowed ombudsman access to residents in adult care homes as a resource to residents and their families or loved ones. Facilities should include in the messages to families about the availability of services from the Long-term Care Ombudsman and how to access their services. **Facility plans that continue restrictions on visitors must accommodate visitation for compassionate care reasons. KDADS requires that the compassionate care exception be applied to residents who are receiving hospice services, have a life expectancy of less than six months, or are experiencing a significant decline, regardless of whether death is imminent.**

PHASES FOR REOPENING: The table below shows proposed phases of reopening adult care homes, what facilities must have in place within that phase to protect residents and staff from COVID-19, recommended visitation policies and facility procedures, and the criteria needed to move into the next phase toward reopening.

The phases represent the current status of adult care homes' readiness for a positive COVID-19 case (Phase 1), practices and processes during the earliest stages of reopening to visitors (Phase 2), and practices in place in counties or communities that have lifted COVID-19 related restrictions (Phase 3).

KDADS is providing these examples of policies and practices as guidance for nursing facilities as they can step back restrictions on visitors and outside services. **Any move to allow additional people into an adult care home must be taken under the following conditions:**

1. In coordination with local public health authorities.
2. While maintaining the highest level of infection control practices and universal screening of residents, staff and visitors.
3. The relaxation of visitor or outside service restrictions must be immediately reversed if a resident or staff member tests positive for COVID-19.
4. More restrictive practices must be reimposed if a local public health authority directs that community conditions have shifted, and additional steps must be taken to prevent COVID-19 from spreading the community or facilities.
5. Processes must be in place to notify families and residents when a positive case occurs.

The table below offers examples of policies and practices considerations recommended by CMS in its May 18, 2020, guidance document ([QSO-20-30-NH](#)) of changes in policies at different phases of reopening. Kansas nursing facilities can use these as principles for their individual plans for reopening and as recommendations of issues to discuss with each Local Health Officer.

REOPENING PHASES	All Visitation and Outside Service Policies and Practices for Adult Care Homes Based on Consultation with Local Health Officer
<p><i>Phase 1</i></p>	<p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened, and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry).</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Non-essential healthcare personnel are restricted.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips away from of the facility the residents must wear a cloth face covering or facemask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p>
<p><i>Phase 2</i></p>	<p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened, and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry).</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p>

	<p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility the residents must wear a cloth face covering or facemask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p>
<p><i>Phase 3</i></p>	<p>Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility residents must wear a mask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> <p>100% screening of all persons entering the facility and all staff at the beginning of each shift including temperature checks and ensuring all outside persons entering building have cloth face covering or facemask.</p>

SPECIAL SESSION H.B. 2016 – Inspections, Personal Protective Equipment and Testing Supplies:

The Legislature passed HB 2016 during the 2020 Special Session requiring KDADS to complete infection control inspections for all nursing facilities, state licensed facilities, assisted living facilities, Home Plus, and Adult Board and Care homes within 90 days of the effective date of the bill. HB 2016 also requires KDADS provide the necessary PPE, sanitizing supplies and testing kits appropriate to the needs of each facility on an ongoing basis, based upon the current number of residents; the current number of full-time and part-time staff members; the number of residents and staff who have tested positive for COVID-19 in the last 14 days; the ability to separate COVID-19 residents from non-COVID19 residents; and any other factors deemed relevant by the Secretary of KDADS. KDADS is in the process of evaluating the logistics of supplying PPE, supplies and testing kits through existing supply channels at KDHE and the Division of Emergency Management. KDADS will release more information on the implementation of these provisions soon.

ASSISTANCE WITH PLAN DEVELOPMENT:

As adult care homes develop plans for reopening, questions can be sent to KDADS.reopening@ks.gov. A 'Frequently Asked Questions' list will be developed from the questions submitted and posted to the KDADS website. For specific questions about infection prevention and control, infectious disease reporting requirements to KDHE or public health, please contact [Bryna Stacey](#), Director, Infection Healthcare-Associated Infections & Antimicrobial Resistance Program at KDHE.

Nursing Home Reopening Recommendations Frequently Asked Questions

This FAQ answers a range of questions on the topics of:

- Reopening
- Visitation
- Testing Requirements

1. Where can I find the most up-to-date information from CMS on COVID-19?

For a complete and updated list of CMS actions in response to COVID-19, and other information specific to CMS, please visit the [Current Emergencies Website](#). To keep up with the important work the White House Task Force is doing in response to COVID-19, visit www.coronavirus.gov.

2. What is CMS releasing today?

CMS is providing recommendations to state and local officials to help determine the level of mitigation required to continue preventing the spread of COVID-19 within nursing homes, especially as many states begin a phased reopening.

3. What steps should nursing homes take before reopening to visitors?

Nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19. In addition, they should follow state and local direction. Because nursing home residents are especially vulnerable, CMS does not recommend opening facilities to visitors (except for compassionate care situations) until phase three when:

- there have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two)
- the nursing home is not experiencing staff shortages
- the nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents
- the nursing home has adequate access to testing for COVID-19
- Referral hospital(s) have bed capacity on wards and intensive care units

4. Why are there additional criteria for reopening nursing homes when many states seem to be loosening restrictions on workplaces, business, stores, etc.

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of close quarter living in a healthcare

setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes. Continued adherence to these criteria will help to ensure residents remain safe.

5. Why isn't CMS requiring testing in nursing homes?

The Guidelines for Opening Up America Again call for robust testing and contact tracing. Nursing home testing is a cornerstone of these guidelines and efforts. The guidelines direct states to be prepared to deploy testing resources first and foremost to nursing homes so that any potential outbreak of the coronavirus among the most vulnerable population can be monitored. Testing should be done proactively in nursing homes and everyone should be tested – this is the backbone of building a national coronavirus surveillance system.

To aid in this effort and rapidly expand COVID-19 testing, CMS recently issued a [ruling](#) that Medicare will pay a rate of \$100 for certain laboratory tests that use high-throughput technologies to rapidly process large numbers of specimens for COVID-19 testing per day. On April 2, CMS issued a call to action for nursing homes and state and local governments urging leaders to work closely with nursing homes on access to testing and PPE.

CMS is constantly evaluating our guidance and the status of the conditions in facilities. We will continue to make changes based on those evaluations, as we have issued an unprecedented amount of guidance to date.

6. What is CMS doing to increase testing in nursing homes?

In the Guidelines for [Opening Up America Again](#), testing is one of the Core State Preparedness Responsibilities. Specifically, nursing home testing is a cornerstone of these guidelines and efforts. The guidelines direct states to be prepared to deploy testing resources first and foremost to nursing homes to enable close monitoring of any potential outbreak of Coronavirus among this vulnerable population. Additionally, the CMS issued a call to action for state and local governments that reinforced its infection control responsibilities and urged leaders to determine the local needs for COVID-19 testing, including making testing in nursing homes a priority.

Testing should be done proactively in nursing homes and everyone should be tested – this is the backbone of building a national coronavirus surveillance system. To aid in this effort and rapidly expand COVID-19 testing, CMS recently issued a [ruling](#) that Medicare will pay a rate of \$100 for certain laboratory tests that use high-throughput technologies to rapidly process large numbers of specimens for COVID-19 testing per day. In addition to

expanding access to diagnostic testing available to Medicare beneficiaries, CMS expedited review of applications for a Clinical Laboratory Improvement Amendments (CLIA) certificate and ensuring that laboratories located in the United States wishing to perform COVID-19 testing are able to begin testing as quickly as possible. In early April, CMS also implemented a change to Medicare payment policies that allows for payment to independent laboratories for specimen collection from beneficiaries who are homebound or non-hospital inpatients for COVID-19 testing under certain circumstances.

7. Is COVID-19 testing required in nursing homes, or do nursing homes have to comply with family requests for testing of residents?

CMS and our partners on the White House Coronavirus Task Force are taking aggressive action to protect those most vulnerable to the 2019 Novel Coronavirus (COVID-19). A dedicated Nursing Home Task Force, which includes CMS and the Centers for Disease Control and Prevention (CDC), meets daily with a singular focus of safeguarding the health of the elderly residing in nursing homes.

A decision to order a COVID-19 test for a patient is made by that patient’s physician or health care provider. CMS continues to direct nursing homes to the latest guidance from the CDC on COVID-19 testing. In addition, nursing homes must follow any state or local requirements for COVID-19 screening, testing, and reporting. Ultimately, nursing homes are responsible for the health and safety of their residents.

CMS has taken several important actions to expand access to diagnostic testing available to Medicare beneficiaries, individuals, nursing homes and hospitals during this public health emergency. Last month, CMS expedited review of applications for a CLIA certificate and ensuring that laboratories located in the United States wishing to perform COVID-19 testing are able to begin testing as quickly as possible. In addition, in early April, CMS implemented a change to Medicare payment policies that allows for payment to independent laboratories for specimen collection from beneficiaries who are homebound or non-hospital inpatients for COVID-19 testing under certain circumstances. For a full list of actions, visit CMS’ [Frequently Asked Questions \(FAQs\) document](#).

8. What factors should state and local health officials consider before relaxing restrictions in nursing homes?

CMS encourages any decisions to relax requirements within nursing homes to be made after a careful review of facility-level, community, and state factors/orders as well as in collaboration with state and local health officials and nursing homes. Additionally, state and local officials should consider the following as a part of a comprehensive reopening plan:

- Case status in surrounding community
- Case status in the nursing home(s)
- Staffing levels
- Access to adequate testing for residents and staff
- Personal Protective Equipment supplies
- Local hospital capacity

More information can be found in the Nursing Home Reopening Recommendations Memo (insert URL)

9. How often should a nursing home test its staff?

All staff should receive a baseline test, and continue to be tested weekly.

10. How often should a nursing home test its residents?

Nursing homes should have a comprehensive plan for testing. All residents should receive a single baseline test for COVID-19. Also, all residents should be tested upon identification of an individual with symptoms consistent with COVID-19 or if an employee or staff member tested positive for COVID-19.

11. When will visitors be allowed in nursing homes?

Continuing to restrict visitation is understandably challenging for families, but is necessary in order to protect residents from possible transmission of the virus. Nursing homes should continue to restrict visitation in general based upon the following recommended guidelines:

Phase One: Visitation is generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken,

including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors wear a cloth face covering or facemask for the duration of their visit.

Phase Two: Due to the elevated risk COVID-19 poses to the health of nursing home residents, visitation is still generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors wear a cloth face covering or facemask for the duration of their visit.

Phase Three: Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must a cloth face covering or facemask for the duration of their visit.

Facility Information

Facility Name: _____ Date: _____

Facility Contact Name: _____ Phone Number: _____

Services:

Skilled Nursing Acute Care Independent Living Memory Care Assisted Living

Total current number of staff: _____ Total number of licensed beds: _____

Current resident census: _____

Is there a COVID emergency plan in place? Yes No How often is the plan reviewed? _____

Is there a cohorting plan in place? Yes No

Is there a written screening process in place? Yes No

What questions are asked?

Do residents have a choice of hospital? If so, which ones: _____

Reopening Criteria

Have there been any new cases in the facility in the last 28 days?

If yes, date of onset for last case: _____

Is staffing consistent with pre-COVID levels? Yes No

Is there a plan in place to ensure adequate PPE supplies for staff? Yes No

Is there currently enough PPE to last at least 2 weeks? Yes No

On hand, number of gowns _____, masks _____, face shields _____, goggles _____, gloves _____?

Is the weekly emergency management PPE survey being completed? Yes No

Is there a plentiful supply of hand sanitizer to be placed consistently throughout the facility? Yes No

Does the facility have adequate cleaning and disinfection supplies? Yes No

Is there a process in place to notify families and residents when a positive case occurs? Yes No

Testing

Has prevalence testing been performed? If yes, when: _____ How many were tested: _____

Positive results: Number of staff: _____ Number of residents: _____

Was testing facility-wide or randomized? If randomized, area(s) tested: _____ Number tested: _____

Positive results: Number of staff: _____ Number of residents: _____

Has a lab been contracted to perform weekly testing? If yes, name of lab: _____