CMS REF: QSO-20-30-NH
MAY 18, 2020

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials

Memorandum Summary

- CMS is committed to taking critical steps to ensure America’s nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Recommendations for State and Local Officials**: CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
  - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence**: Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
  - **Visitation and Service Considerations**: Considerations allowing visitation and services in each phase.
  - **Restoration of Survey Activities**: Recommendations for restarting certain surveys in each phase.
Factors to Consider in Relaxing Restrictions

- **Case status in community**: State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers).
- **Case status in the nursing home(s)**: Absence of any new nursing home onset of COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home.
- **Adequate staffing**: No staffing shortages and the facility is not under a contingency staffing plan.

Factors to Consider

- **Access to adequate testing**: The facility should have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components:
  - The capacity for all nursing home **residents** to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
  - The capacity for all nursing home **staff** (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community);
FACTORS TO CONSIDER

- Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
- An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.
- A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).

FACTORS TO CONSIDER

- **Universal source control**: Residents and visitors wear a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility.
- **Access to adequate Personal Protective Equipment (PPE) for staff**: Contingency capacity strategy is allowable, such as CDC's guidance at Strategies to Optimize the Supply of PPE and Equipment (facilities’ crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.
- **Local hospital capacity**: Ability for the local hospital to accept transfers from nursing homes.
**ATTACHMENT 1: RECOMMENDED NH PHASED REOPENING FOR STATES**

Due to the elevated risk COVID-19 poses to nursing home residents, we recommend additional criteria for advancing through phases of reopening nursing homes that is recommended in the broader Administration’s Opening Up America Again framework. For example:

- Nursing homes should not advance through any phases of reopening or relax any restrictions until all residents and staff have received a baseline test, and the appropriate actions are taken based on the results.
- States should survey nursing homes that experienced a significant COVID-19 outbreak prior to reopening to ensure the facility is adequately preventing transmission of COVID-19; and
- Nursing homes should remain in the current state of highest mitigation while the community is in Phase 1 of Opening Up America Again (in other words, a nursing home’s reopening should lag behind the general community’s reopening by 14 days).

For additional criteria, please see the Appendix.

<table>
<thead>
<tr>
<th>Status</th>
<th>Criteria for Implementation</th>
<th>Visitations and Service Considerations</th>
<th>Surveys that will be performed at each phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current state: Significant Mitigation and Phase 1 of Opening Up America Again</td>
<td>Most facilities are in a posture that can be described as if their highest level of vigilance, regardless of transmission within their communities.</td>
<td>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). All visitors must wear a cloth face covering or facemask for the duration of their visit.</td>
<td>Investigation of complaints alleging there is an immediate serious threat to the resident’s health and safety (known as an immediate jeopardy)</td>
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<tr>
<td></td>
<td>Restricted entry of non-essential healthcare personnel.</td>
<td></td>
<td>Revised surveys to confirm the facility has received any immediate jeopardy findings</td>
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<td>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 spaced by at least 6 feet).</td>
<td></td>
<td>Focused infection control surveys</td>
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<td></td>
<td>Non-medically necessary trips outside the building should be avoided.</td>
<td></td>
<td>Initial survey to certify that the provider has met the required conditions to participate in the Medicare Program (initial certification survey)</td>
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</tbody>
</table>

- 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.
- For medically necessary trips away from the facility:
  - The resident must wear a cloth face covering or facemask.
  - The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.
- 100% screening of all persons entering the facility and staff at the beginning of each shift:
  - Temperature checks
  - Ensure all outside persons entering building have cloth face covering or facemask.
  - Questionnaire about symptoms and potential exposure
  - Observation of any signs or symptoms
  - 100% screening for all residents:
    - Temperature checks
    - Questions about and observation for other signs or symptoms of COVID-19 (at least daily)
- Universal source control for everyone in the facility. Residents and visitors entering for compassionate care wear cloth face covering or facemask.
- All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering if facemask is not indicated.
- All staff are tested weekly. All residents are tested upon identification of an individual with symptoms consistent with COVID-19 or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative.
- Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to...
### Phase 2 of Reopening nursing homes and Opening Up America Again

- Case status in community has met the criteria for entry into phase 2 (no rebound in cases after 14 days in phase 1).
- There have been no new nursing home onset COVID-19 cases in the nursing home for 14 days.
- 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.

### Phase 3 of Reopening nursing homes and Opening Up America Again

- Community case status meets criteria for entry to phase 3 (no rebound in cases during phase 2).
- There have been no new nursing home onset COVID-19 cases in the nursing home for 28 days (through phases 1 and 2).
- 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.

### Manage new/admission with an unknown COVID-19 status and residents who develop symptoms

- Visitation generally prohibited, except for compassionate care situations. In these limited situations, visitors are screened and additional precautions are taken, including social distancing, hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or face mask for the duration of their visit.
- 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 face mask.
- 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).
- 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 face mask.
- For medically necessary trips outside of the facility:
  - The resident must wear a cloth face covering or face 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.
- 100% screening of all persons entering the facility and all staff at the beginning of each shift:
  - Temperature checks
  - Ensure all outside persons entering building have cloth face covering or face mask.
  - Questions about and observation for other signs or symptoms of COVID-19
  - Universal source control for everyone in the facility.
  - Residents and visitors entering for compassionate care wear cloth face covering or face mask.
  - All staff were all appropriate PPE when indicated.
  - Staff wear cloth face covering or face mask if not indicated, such as administrative staff.
- Test all staff weekly. Test all residents upon identification of an individual with symptoms consistent with COVID-19, or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative.
- Dedicated space in facility for self-testing and managing care for residents with COVID-19; plan to manage new/admission with an unknown COVID-19 status and residents who develop symptoms.

### Investigation of complaints alleging either immediate jeopardy or actual harm to residents

- Refuse surveys to confirm the facility has removed any immediate jeopardy findings.
- Focused infection control surveys.
- State-based priorities (e.g., localized “hot spots,” “strike” teams, etc.)
- See Appendix for recommendations for prioritizing facilities to be surveyed.

### Normal Survey Operations

- All complaint and revisit surveys required to identify and resolve any non-compliance with health and safety requirements.
- Standard (recertification) surveys.
- Focused infection control surveys.
- State-based priorities (e.g., localized “hot spots,” “strike” teams, etc.)
- See Appendix for recommendations for prioritizing facilities to be surveyed.
ADDITIONAL RECOMMENDATIONS

• Reminder: When a community enters phase 1 of Opening Up America Again, nursing homes remain at their highest level of vigilance and mitigation (e.g., visitation restricted except in compassionate care situations). Nursing homes do not begin to de-escalate or relax restrictions until their surrounding community satisfies gating criteria and enters phase 2 of Opening Up America Again.

• A nursing home should spend a minimum of 14 days in a given phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase.

• A nursing home may be in different phases than its surrounding community based on the status of COVID-19 inside the facility, and the availability of key elements including, but not limited to PPE, testing, and staffing. For example, if a facility identifies a new, nursing home onset COVID-19 case in the facility while in any phase, that facility goes back to the highest level of mitigation, and starts over (even if the community is in phase 3).
**ADDITIONAL RECOMMENDATIONS**

- States may choose to have a longer waiting period (e.g., 28 days) before relaxing restrictions for facilities that have had a significant outbreak of COVID-19 cases, facilities with a history of noncompliance with infection control requirements, facilities with issues maintaining adequate staffing levels, or any other situations the state believes may warrant additional oversight or duration before being permitted to relax restrictions.

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**CDC GUIDANCE**

**Summary of Changes to the Guidance:**

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2
CORE PRACTICES

- **Facilities should assign** at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices.


- CDC’s NHSN provides long-term care facilities with a customized system to track infections and prevention process measures in a systematic way. Nursing homes can report into the four pathways of the LTCF COVID-19 Module including:
  - Resident impact and facility capacity
  - Staff and personnel impact
  - Supplies and personal protective equipment
  - Ventilator capacity and supplies

- Weekly data submission to NHSN will meet the [CMS COVID-19 reporting requirements pdf](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-settings/nursing-home-reporting.html) icon

CORE PRACTICES

- **Educate** Residents, Healthcare Personnel, and Visitors about COVID-19, Current Precautions Being Taken in the Facility, and Actions They Should Take to Protect Themselves.

- **Implement** Source Control Measures. HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.

- **Have a Plan** for Visitor Restrictions. Decisions about visitation for compassionate care situations should be made on a case-by-case basis, which should include careful screening of the visitor for fever or symptoms consistent with COVID-19. Those with symptoms should not be permitted to enter the facility. Any visitors that are permitted must wear a cloth face covering while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.
**Core Practices**

- **Create** a Plan for Testing Residents and Healthcare Personnel for SARS-CoV-2.
  - The plan should align with state and federal requirements for testing residents and HCP for SARS-CoV-2 and address:
    - *Triggers* for performing testing (e.g., a resident or HCP with symptoms consistent with COVID-19, response to a resident or HCP with COVID-19 in the facility, routine surveillance)
    - Access to tests capable of detecting the virus (e.g., polymerase chain reaction) and an arrangement with laboratories to process tests
      - Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection and should not be used to inform IPC action.
    - Process for and capacity to perform SARS-CoV-2 testing of all residents and HCP
    - A procedure for addressing residents or HCP who decline or are unable to be tested (e.g., maintaining Transmission-Based Precautions until symptom-based criteria are met for a symptomatic resident who refuses testing)
  - Additional information about testing of residents and HCP is available:
    - [Considerations for Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes](https://www.cdc.gov/covid19/clinicians/guidance/care-settings/nursing-homes/index.html)

**Core Practices**

- **Evaluate** and Manage Healthcare Personnel
- **Provide** Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices
- **Identify** Space in the Facility that Could be Dedicated to Monitor and Care for Residents with COVID-19
- **Create** a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown
- **Implement** Social Distancing Measures, remaining at least 6’ apart
- **Healthcare** Personnel Monitoring and Restrictions continue to restrict non-essential workers
DHSS GUIDANCE CONSIDERATIONS
FOR LTC FACILITY VISITS,
COMMUNAL DINING AND GROUP ACTIVITIES

6/15/20: Department of Health and Senior Services released guidance impacting facilities wanting to allow outdoor visits and visits through an open window for residents who are bedbound or who cannot otherwise leave their room and guidance to allow communal dining and/or group activities.

The facility should consider the following when allowing visits, communal dining or group activities:

• The facility has not had any COVID-19 staff or resident cases, or it has been two incubation periods (28 days total) since the last facility acquired COVID-19 positive case. Facility acquired cases include all staff who test positive and residents who test positive while residing in the facility.

• The facility should consider following the guidance for symptomatic and asymptomatic residents using the test-based and symptom-based strategies listed in the guidance.

FACILITY VISITS

Limiting outdoor visits to only residents who are:

COVID-19 negative or asymptomatic and not suspected to have COVID-19 OR

Previously COVID-19 positive but have been released from isolation based on either the symptom based or test based strategy.

Allowing up to two visitors at one time with social distancing (spaced by at least 6 feet), hand hygiene before and after each visit for both the resident and the visitors, and use of a cloth face covering or facemask for both the resident and the visitors. In the event a resident cannot safely wear a cloth face covering or facemask, a plastic partition or plexiglass barrier may be considered to prevent the spread of virus.

Completing a screening upon arrival of each visitor and allowing only those visitors that meet the screening criteria to visit. Components of the screening to are determining whether the visitor has ever been diagnosed with COVID-19 and if so, the visitor should be currently asymptomatic and at least 10 days must have passed since disease onset.

Facilities may want to consider not allowing any visitor with signs and symptoms consistent with COVID-19 or who are unable to demonstrate proper use of infection control techniques to visit.

Keeping visitor logs noting the names of visitors, who they visited, staff that assisted the visit, dates of visit, and contact information in the event of subsequent positive COVID-19 cases among staff or residents.

Sanitizing any outdoor areas, including tables, chairs and partitions between each and every visit using an EPA approved disinfectant in accordance with instructions for dilution and contact times.
COMMUNAL DINING AND GROUP ACTIVITIES

- Limiting communal dining and group activities to only residents who are:
  - COVID-19 negative or asymptomatic and not suspected to have COVID-19 OR
  - Previously COVID-19 positive but have been released from isolation based on either the symptom based or test based strategy.
- Allowing these residents to eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet), hand hygiene, and use of a cloth face covering or facemask while not eating.
- Restricting group activities in general, but allowing some activities with social distancing (described above), hand hygiene, and use of a cloth face covering or facemasks

In the event a resident cannot safely wear a cloth face covering or a facemask, consider the use of an alternative method during group activities such as a face shield or plastic partition, when practical, along with social distancing.

FACILITY-WIDE TESTING UPDATE

- Facility-wide testing for all residents and staff is included in the most recent DHSS guidance (https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltcf.php) for communities that have a positive COVID-19 case. We are encouraging all communities to be prepared for this possibility so that should this occur, there will be no delay in testing implementation.
- There are several coordination points that are necessary in order to have a successful testing plan. This includes having access to testing kits (both swabs and media - must have both), the ability to collect the specimens onsite, and establishing an agreement with a lab to process the specimens. To assist in this preparation, testing kits may be ordered through the state public health laboratory at https://health.mo.gov/lab/index.php or https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/specimen-collection-supplies.php. The state public health laboratory recently received testing combination kits that contain both the swabs and media. These kits are listed as “Swab/Media Combo - Remel MicroTest M4RT Transport 3ml vial with Nasopharyngeal swab” and are available for any long-term care community. We encourage all to take advantage of this current testing kit supply and to order enough supply to complete two rounds of facility-wide testing. The test kits do not expire until April 2021, so they are acceptable for use for several

**UPDATE - The specific kits referenced above are now out of stock. There are other testing supplies available to any long-term care community. Please ensure when ordering testing supplies, both swabs and media are needed for a complete testing kit. Please do not order every item on the list of supplies and keep in mind the number of testing kits needed for your community.
**MEDICARE TESTING COVERAGE**

**MLN MATTERS SE 20011 ALERT JUNE 19, 2020**

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**Medicare Coverage of COVID-19 Testing for Nursing Home Residents and Patients**

CMS instructed Medicare Administrative Contactors and notified Medicare Advantage plans to cover coronavirus disease 2019 (COVID-19) laboratory tests in nursing home residents and patients. This instruction follows the Centers for Disease Control and Prevention’s (CDC) recent update of COVID-19 testing guidelines for nursing homes that provides recommendations for testing of nursing home residents and patients with symptoms consistent with COVID-19 as well as for asymptomatic residents and patients who have been exposed to COVID like in an outbreak. Starting on July 6, 2020, and for the duration of the public health emergency, consistent with sections listed below of CDC guidelines titled, “Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel,” Original Medicare and Medicare Advantage plans will cover diagnostic COVID-19 lab tests and non-cover tests not considered diagnostic:

- Viral Testing of Residents for SARS-CoV-2
- Initial Viral Testing in Response to an Outbreak
- Recommended testing to determine resolution of infection with SARS-CoV-2
- Public health surveillance for SARS-CoV-2

Tests that are considered non-diagnostic are not covered.

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**BLANKET WAIVERS FOR LTC FACILITIES, SNF/NF**

- **3-Day Prior Hospitalization:** CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay
- **Reporting Minimum Data Set:** CMS is waiving 42 CFR 483.20 to provide relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission.
- **Staffing Data Submission:** CMS is waiving 42 CFR 483.70(q) to provide relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based Journal system
- **Waive Pre-Admission Screening and Annual Resident Review (PASARR).** CMS is waiving 42 CFR 483.20(k), allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission
**Blanket Waivers**

- **Physical Environment**: non-SNF building to be temporarily certified, CMS will waive certain conditions of participation and certification requirements for opening a NF, allow for rooms in a long-term care facility not normally used as a resident’s room, to be used to accommodate beds and residents for resident care in emergencies and situations.

- **Resident Groups**: CMS is waiving the requirements at 42 CFR 483.10(f)(5), which ensure residents can participate in-person in resident groups.

- **Training and Certification of Nurse Aides**: waived 4 month training requirement.

- **Physician Visits in Skilled Nursing Facilities/Nursing Facilities**: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.

- **Resident Roommates and Grouping**: allows for cohorting, waives notification, resident choice.

- **Resident Transfer and Discharge**: allows transfers for cohorting.

- **Physician Services**: Physician Delegation of Tasks in SNFs, Note to Facilities.

- **Quality Assurance and Performance Improvement (QAPI)**.

- **In-Service Training**: modifies NA 12 hour requirement.

- **Detailed Information Sharing for Discharge Planning**: for Long-Term Care (LTC) Facilities.

- **Clinical Records**: 2 working day copy requirement.

- **Paid Feeding Assistants**: changes training from 8 hours to 1 hour.
Dear Battelle Users,

Thank you for your participation in the Battelle Critical Care Decontamination System (CCDS) and your efforts to optimize your N95 respirators. While the CCDS is still available for use, the options to send your N95 respirators for decontamination have changed.

- As of June 30th, 2020, the Battelle drop-off and pick-up sites across the state for N95 respirators will no longer be available.
- Healthcare providers and first responders are encouraged to send their masks to Jefferson City for decontamination via FedEx.
- Battelle will provide shipping labels for you to use to ship your labelled N95 respirators free of charge.

More information on the Battelle CCDS and information on how to get started is available at [www.health.mo.gov/ppe](http://www.health.mo.gov/ppe).

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QIPMO Survey

- Please take our quick survey to assist us in improving our program, offer suggestions for future topics
**Resources**

- https://www.cms.gov
- https://www.cdc.gov
- https://www.health.mo.gov
- MDS Support Group 6/18/20 Melody Schrock, BSN, RN, RAC-CT