COVID-19 UPDATES WEBINAR | REOPENING OF LONG-TERM CARE IN MISSOURI
JULY 10, 2020 | FREQUENTLY ASKED QUESTIONS

CONTENTS

Testing ........................................................................................................................................... 3

Should we start baseline testing right away or wait to do it until we are ready to move to phase 2? 3
What is the required timeline for facility-wide baseline testing? .................................................. 3
If a facility hasn’t had any cases of COVID-19, is facility-wide testing of all residents and staff required? 3
When do we test in Phase 2? ............................................................................................................ 3
What type of test can be used for baseline testing? ......................................................................... 3
What if a resident refuses testing? .................................................................................................... 3
Is testing required for newly hired employees? ............................................................................... 4
If an employee works at 2 different healthcare facilities, can a test result from one center be used at another facility? .................................................................................................................. 4
Is testing of agency staff required? .................................................................................................. 4
If a facility is a combined facility (Skilled/Independent/Assisted Living), is baseline testing required for all residents? .................................................................................................................. 4
Is it considered an outbreak at the facility even if the case of positive COVID-19 for an employee is not facility-acquired? .............................................................................................................. 4
Has thought been given to only testing based on symptoms in Memory Care Units? .................... 4
Is the testing reimbursed for both residents and staff, or just residents? ........................................ 5
What is the online portal for reporting positive test results to MO DHSS? ........................................ 5
Will we have to obtain consent from residents/resident representatives for testing? Will employees have to consent as well? If so, have consent forms been created that we can use? ................................................. 5
Can you describe what the “box-in strategy” includes? Specifically, what the testing protocol would be. 5
Can you publish the list of labs under contract with the state? .......................................................... 5
How long should we wait for results? ................................................................................................ 5

Moving Between Phases .................................................................................................................. 5

Are outdoor visits allowed in Phase 1? ............................................................................................ 5
During Phase 2, is the expectation with social distancing that there will still be no touching? .......... 5
At what point can we go back to communal dining since Phase 3 is basically the same as Phase 2? 6
What if you are in Phase 2 and then there is a change in the trend of cases in the community, for instance the cases start to increase? Would you have to go back to Phase 1? ......................................................... 6
If a facility chooses to not enter Phase 2, are we still required to test all residents and staff if we currently have no positive cases from staff or residents? ................................................................................. 6
If my county is continuously trending upwards in the number of cases per day, should attempting baseline testing wait considering the other Phase 2 requirements are not in line with guidance? ........................................6

**Universal Source Control** ..................................................................................................................................................6

What if a resident wishes not to wear a face mask? Will the facility get cited? ........................................................................6

What DHSS will look at onsite is: what is your procedure? What is your policy? How have you encouraged social distancing? .................................................................................................................................6

What do you do if staff member refuses to wear a mask? ........................................................................................................6

Who is responsible for providing face mask/face covering for visitors? ..................................................................................7

What if a resident refuses to stay and leaves facility? ..................................................................................................................7

When residents are sent to ER or have medically necessary appointments, do they require any isolation or retesting? ........................................................................................................................................7

Do new admission/readmissions require isolation? .....................................................................................................................7

What is your recommendation on isolating residents in a dementia unit, specifically with multiple presumptive positives? ..........................................................................................................................7

**Staff Classification** .............................................................................................................................................................7

Who is considered non-essential healthcare personnel? .............................................................................................................7

**Visits and Outings** .................................................................................................................................................................7

What can “family visits” consist of? .............................................................................................................................................7

While in Phases 1 or 2, what is your recommendation for allowing primary physicians in the facility for in-person routine monthly visits? ..................................................................................................8

What constitutes “compassionate care” visits? ..................................................................................................................................8

What is considered a non-medically necessary outing? ..................................................................................................................8

Can a facility limit visiting hours as they move into Phase 2 and 3 in order to monitor the visits and ensure proper infection control guidelines are maintained? ..................................................................................8

Are there any allowances for more than 10 residents at an activity when there is a very large square footage or an outdoor area which allows for social distancing of everyone at least 6 feet apart? ..............................................9

**Miscellaneous** ........................................................................................................................................................................9

Will DHSS make any statements to the public about this guidance to try and explain to the public the processes and requirements? ........................................................................................................................................9

Who has the last say in reopening and taking admissions? Local health or state guidelines? ........................................................................................................................9

Is DHSS aware that staff will likely not agree to bi-weekly testing and this may create a staffing shortage across the state? How will DHSS assist the providers with staffing when this occurs? ........................................................................9

Do we have any idea if there is a deadline projected at this time for mandatory initiation of reopening? .................................................................9

To whom do I need to direct a question regarding CNA training from an outside community college, for the 16 hours that are required in the waiver? ..................................................................................9

*Updated 7/21/20*
Testing

**Should we start baseline testing right away or wait to do it until we are ready to move to phase 2?**

According to the guidance, baseline testing needs to occur as part of the criteria to enter Phase 2. The decision to begin baseline testing may involve additional factors such as adequate staffing levels, adequate PPE, and a downward trend in the number of cases over the past 14 days in a county. The decision when to do baseline testing is up to each individual facility, although in order for the baseline testing to be considered as a criterion to advance to Phase 2, it must have occurred within the prior 14 days of being able to move into Phase 2 as noted above.

**What is the required timeline for facility-wide baseline testing?**

Baseline testing would need to be completed within the prior 14 days of being able to move to Phase 2 (including factors such as highlighted above). Some facilities may not be able to complete facility-wide baseline testing all in one day and that is okay. However, the testing needs to be completed as close together as possible. Extending beyond 2-3 days for baseline testing completion should be limited. Other considerations for moving into Phase 2 can be found in the Missouri Guidance on Reopening Long-term Care Facilities.

**If a facility hasn’t had any cases of COVID-19, is facility-wide testing of all residents and staff required?**

Yes. In order to move into Phase 2, every facility will have to do baseline testing - even if you've never had a positive case. If baseline testing was completed within the prior 14 days of being able to move into Phase 2 it does not need to be repeated.

**When do we test in Phase 2?**

The testing guidance criterion to enter Phase 2 is:

- Facility-wide baseline testing for all residents and staff, on-going bi-monthly (twice a month or approximately every two weeks) testing of a minimum of ten percent (10%) of staff (using a randomized selection process to minimize the chance of the same staff members being tested consecutively), and upon identification of an individual with symptoms consistent with COVID-19. Phase 2 testing guidance is outlined in the Missouri Guidance on Reopening Long-term Care Facilities.

**What type of test can be used for baseline testing?**

The test should have EUA status and should be able to detect SARS-CoV-2 virus (e.g. polymerase chain reaction (PCR) with greater than 95% sensitivity and greater than 90% specificity, with results obtained rapidly (e.g. within 48 hours). Following samples could be used for the PCR testing (the facility must ensure the lab can process the samples in the manner they are collected). Please refer to the CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 for more information. Antibody testing should not be used for diagnosis of someone with an active SARS-CoV-2 infection.

**What if a resident refuses testing?**

The guidance is if someone refuses testing, whether that's a resident or a staff, then they should be treated as a positive. The guidance does then talk about what actions should be taken. If you have people who refuse testing that you should treat them as a positive.
**Is testing required for newly hired employees?**

New employee testing is not required by DHSS. Review your human resources hiring policies and procedures to ensure they have been updated to include pandemic planning for current and newly hired staff. The Equal Employment Opportunity Commission (EEOC) has updated guidance relating to COVID-19 pandemic and the EEOC ADA and Section 501 of the Rehabilitation Act. The EEOC Pandemic Preparedness in the Workplace and the Americans with Disabilities Act webpage was updated in response to the COVID-19 pandemic and provides technical assistance for employers.

**If an employee works at 2 different healthcare facilities, can a test result from one center be used at another facility?**

The two facilities would have to be going through the testing process **at the exact same time** for that to even be a possibility. If that situation arises, please let DHSS know and they will review the situation to see if that's a possibility.

**Is testing of agency staff required?**

Yes, agency staff are required to be tested. The particulars of who pays for the testing should be worked out between the agency and the facility. Read your agency staffing agreement to see if this has been addressed; if not, a discussion with the agency representative may be necessary.

**If a facility is a combined facility (Skilled/Independent/Assisted Living), is baseline testing required for all residents?**

Baseline testing **would be required** for the skilled nursing and assisted living residents. Independent living is not regulated or licensed under DHSS and therefor this guidance does not apply to independent living. **Word of caution:** If independent living residents mingle with and share common areas with the skilled nursing or assisted living residents, a policy should be in place regarding testing and infection control measures such as social distancing and wearing a mask in order to mitigate the spread of COVID-19. Our understanding is there is no reimbursement available from DSS for independent living residents. Reimbursement for uninsured persons may be available through the HRSA COVID-19 Claims Reimbursement program administered by United Healthcare. If staff members work with all levels of care, they should be included in the facility-wide baseline testing as well as in the on-going bi-monthly testing.

**Is it considered an outbreak at the facility even if the case of positive COVID-19 for an employee is not facility-acquired?**

Most likely. Facility-acquired cases include all staff who test positive and residents who test positive while residing in the facility. Facility-acquired does not include residents admitted to the facility with a known positive diagnosis or residents who test positive upon admission as part of the facility’s admission criteria, as long as these residents have resided in a designated COVID-19 unit since admission.

**Has thought been given to only testing based on symptoms in Memory Care Units?**

For the re-opening, it is baseline testing for everyone. Memory care residents who may not like the testing to be done and refuse the testing would be treated as a positive. We are hopeful that there are more options for specimen collection in the future. The CDC has Considerations for Memory Care Units in Long-term Care Facilities guidance you may want to refer to.
**Is the testing reimbursed for both residents and staff, or just residents?**

Reimbursement is available for both residents and staff. Please visit the Department of Social Services Long Term Care COVID-19 Invoices webpage for more details. QIPMO has created a “Who Pays for COVID Testing?” reimbursement resource also.

**What is the online portal for reporting positive test results to MO DHSS?**

Congregate Living Facilities are required to notify the DHSS within 24 hours of the positive staff/resident. Use the online portal to report. For questions, contacts at the DHSS Section for Long-Term Care Regulation (DHSS-SLCR) can be found here.

**Will we have to obtain consent from residents/resident representatives for testing? Will employees have to consent as well? If so, have consent forms been created that we can use?**

QIPMO recommends the use of consent forms. Yes, you can access the forms on our website:

- Staff
- Resident

**Can you describe what the "box-in strategy" includes? Specifically, what the testing protocol would be.**

A boxed-in strategy is a strategy used in public health to contain an infection to one area, facility, business, or locale. This strategy includes testing, cohorting of residents with like symptoms or contact, quarantines and isolation, and contact tracing. Facilities with outbreaks are required to do facility-wide baseline testing. The testing would be repeated a few days later (3-7 days) of anyone who initially tested negative (there is no need to repeat testing on positive patients/staff). This is followed by facility-wide weekly testing. Tests are repeated every week until two rounds of testing or 14 days of all negative tests is obtained. If a resident or staff member would become symptomatic in between those testing times, they should be tested immediately. (Williamson, S., 2020, July 10).

**Can you publish the list of labs under contract with the state?**

The Office of Administration is working on some more comprehensive information on the labs that are under state contract. The QIPMO Team has access to the state lab list and can help connect you with a lab. You certainly do not have to utilize a lab that is on state contract, but they’re the only labs that we as a contractor can suggest for facilities. There may be labs that do testing better than those that are on the state contract list. That contract list is going through some refinement now. The goal is to post the list at some point with the collection methods that the lab has authorization to process.

**How long should we wait for results?**

Due to an increase in testing, there may be some delays in the results. However, if you have an outbreak and are concerned about turnaround around times for results a) check your lab contract and try to hold them to the contractual terms and b) if the time frame is pushed out over 3 days, let DHSS know. QIPMO can assist you with information for contacting a state-contracted lab.

**MOVING BETWEEN PHASES**

**Are outdoor visits allowed in Phase 1?**

Visits may occur in accordance with the DHSS guidance. Additionally, please check with your local public health agency (LPHA) for updated local information and guidance as well.
During Phase 2, is the expectation with social distancing that there will still be no touching?

Yes, the guidance released on June 15, 2020 does talk about social distancing and hand hygiene and the use of face masks.

At what point can we go back to communal dining since Phase 3 is basically the same as Phase 2?

That's the way it will be until it is decided to end transmission mitigation strategies or modify Phase 3 in any way. Please review the communal dining and group activity guidance.

What if you are in Phase 2 and then there is a change in the trend of cases in the community, for instance the cases start to increase? Would you have to go back to Phase 1?

No, but it may prevent you from moving into Phase 3. It doesn't mean you have to go backwards, but it may prevent you from moving forward.

If a facility chooses to not enter Phase 2, are we still required to test all residents and staff if we currently have no positive cases from staff or residents?

If a facility does not want to enter Phase 2, they would only have to do baseline testing if they have an outbreak.

If my county is continuously trending upwards in the number of cases per day, should attempting baseline testing wait considering the other Phase 2 requirements are not in line with guidance?

Yes, all of the “advancing” criterion (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, the facility has adequate staffing levels, the facility has adequate supply of PPE to adhere fully to CDC guidance for the proper PPE use for infection control) must be met in addition to facility-wide baseline testing and a downward trend in the number of cases over the past 14 days in the county in order to advance through the phases. Please check with your LPHA for updated local information and guidance as well.

Universal Source Control

What if a resident wishes not to wear a face mask? Will the facility get cited?

Residents should be encouraged to the extent possible to wear a mask. We realized that not all residents can, particularly those memory care units. If residents do refuse to wear a mask then that is where it is very important for social distancing and monitoring and screening those people to make sure that you're being as safe as possible. What DHSS will look at onsite is: What is your procedure? What is your policy? How have you encouraged social distancing? They will look at your efforts to mitigate spread overall. If a citation does result, it will be broader than if a resident is wearing a mask or not. A citation will not only be given based on the resident’s refusal to wear a mask. Make sure the reason for refusing to wear a facemask is documented and care planned.

What do you do if staff member refuses to wear a mask?

It really is no different than a staff person that refuses to wear shoes: it is a requirement and part of the uniform. If they refuse to wear a mask, follow your policies for employee counseling and, if needed, termination.
Who is responsible for providing face mask/face covering for visitors?

Each facility is responsible for developing and communicating the procedure for visitor face coverings. It should be communicated to visitors that visits will require face coverings and if they should bring their own or if they will be provided.

When residents are sent to ER or have medically necessary appointments, do they require any isolation or retesting?

No. Residents that require medically necessary appointments should be screened and maintain social distancing as possible. Face coverings should be worn by the resident while out for appointments. Routine visits can be completed with telehealth if possible. Appropriate infection control procedures should be followed.

Do new admission/readmissions require isolation?

New residents and re-admissions from the hospital should be isolated for 14 days. Facilities should inquire if the hospital completed testing on discharge day so it can be determined if additional testing is required (upon-admission testing). New admissions should be isolated or in a transitional non-COVID unit unless symptoms or positive test has been obtained.

What is your recommendation on isolating residents in a dementia unit, specifically with multiple presumptive positives?

In the guidance for facilities that have positive cases, that's referenced under the Considerations for Special Populations heading in the document. Facilities are laid out differently in regards to environment and floor plans and working one-on-one may be the best approach to determine what the best strategy might be for your facility. Additionally, the CDC has Considerations for Memory Care Units in Long-term Care Facilities guidance you may want to refer to. We understand it is difficult, please reach out to your QIPMO nurse or coach for additional strategies we could help you with for your facility.

STAFF CLASSIFICATION

Who is considered non-essential healthcare personnel?

Facilities will need to review and establish essential vs non-essential workers. Essentials or non-essentials are dependent upon what tasks they perform and how they support essential front-line workers in performing their duties. Phase 2 allows for a limited number of non-essential healthcare personnel and contractors as determined necessary by the facility, with screening and additional precautions including social distancing.

VISITS AND OUTINGS

What if a resident refuses to stay and leaves facility?

Please refer to the DHSS SLCR Guidance on Residents Leaving the Facility.

What can “family visits” consist of?

Visits are allowed in all phases at different levels. It is up to the individual facilities to determine a visiting policy as long as it reflects the guidance and is communicated to the residents and visitors as visitation policy changes occur. Appropriate visitor screening should be completed. Individuals with fevers, other symptoms of COVID-19, or those unable to demonstrate proper use of infection control techniques (i.e. masks, social distancing) should be restricted from visiting. The reopening guidance and
visit guidance should be taken into consideration in the policy development and implementation stages. Please refer to the guidance for more detail.

While in Phases 1 or 2, what is your recommendation for allowing primary physicians in the facility for in-person routine monthly visits?

Each facility should examine the circumstances and the status of the county where it is located. Consultation with the LPHA and the medical director is also best practice. Telehealth and virtual visits continue to be allowed by CMS under the current public health emergency waivers. If circumstances require a visit, arrange the visit in private area or room.

What constitutes “compassionate care” visits?

Compassionate care situations are not strictly limited to end-of-life situations and should be considered on an individual basis. Other situations that may be considered compassionate care situations include, but are not limited to: A resident who was living with their family before recently being admitted to a nursing facility; the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.” Allowing someone to visit a resident whose friend or family member recently passed away would also be consistent with the intent of these situations. While compassionate care situations may extend past end-of-life situations, these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation.

Facilities must ensure proper infection control procedures are followed in these limited visiting situations. Provide instruction on hand hygiene and ensure limited surfaces are touched. Visitors must wear a cloth face covering or facemask for the duration of the visit. PPE must be worn while in the building, including the resident’s room. Individuals with fevers, other symptoms of COVID-19, or those unable to demonstrate proper use of infection control techniques should be restricted from entry.

What is considered a non-medically necessary outing?

Phase 1: Non-medically necessary trips outside the building should be avoided.

Phase 2: 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.

Phase 3: Group activities, including outings, allowed (for asymptomatic or COVID19 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.

Can a facility limit visiting hours as they move into Phase 2 and 3 in order to monitor the visits and ensure proper infection control guidelines are maintained?

Yes, for Phase 1 and 2 especially because of the limitations that are in place. Phase 3 opens up a little more and accordingly so should the visiting hours but it is still appropriate to monitor visits to ensure infection control guidelines are followed. The reopening and visitation guidance should be reflected in the facilities evolving visitation policy.
Are there any allowances for more than 10 residents at an activity when there is a very large square footage or an outdoor area which allows for social distancing of everyone at least 6 feet apart?

If a facility wants to do something outside of the guidance work with LPHA and make sure infection control precautions are in place. DHSS will not “put our [their] stamp of approval on anything outside of our guidance but [we] certainly understand there may be situations that would be appropriate”. Group activities and communal dining should be according to re-opening guidance and the respective phases.

**MISCELLANEOUS**

**Will DHSS make any statements to the public about this guidance to try and explain to the public the processes and requirements?**

DHSS has put this information on the list-serve, which is available to the public. No formal press release will be given. DHSS will answer individual questions as they come. No formal education for the public has been scheduled.

**Who has the last say in reopening and taking admissions? Local health or state guidelines?**

Both DHSS and some local public health agencies have their own guidelines. Facilities need to be aware of both. If local guidelines are more stringent than the state guidelines, facilities should work with their local public health agency.

**Is DHSS aware that staff will likely not agree to bi-weekly testing and this may create a staffing shortage across the state? How will DHSS assist the providers with staffing when this occurs?**

The requirement is for testing 10% of staff, bimonthly, using a randomized selection process. DHSS can assist with staff resources if staff shortages due to refusals becomes an issue.

**Do we have any idea if there is a deadline projected at this time for mandatory initiation of reopening?**

Reopening is voluntary. There is currently no timeline.

**To whom do I need to direct a question regarding CNA training from an outside community college, for the 16 hours that are required in the waiver?**

Questions regarding these waivers should be directed to CNARegistry@health.mo.gov.


If you have further questions, feel free to reach out to QIPMO at musongipmo@missouri.edu.