# Frequently Asked Questions: Long Term Care & COVID-19

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1. **Can you tell us about the newly released guidance from CMS to states about creating a reopening plan for nursing homes?**

The Centers for Medicare and Medicaid Services released this (SQO-20-30-NH) late on Monday to state officials. The document provides states with guidance on how to develop a safe reopening plan for nursing homes. It addresses how to determine when to relax restrictions that nursing homes have put in place and how to prevent cases from reoccurring, how visiting and services should resume over time, and how state survey agencies should expand their work as things improve. The document outlines three phases for the nursing home re-opening plan.

1. **Do states have to implement these recommendations the same for all nursing homes within the state?**

No. A state can decide to have all nursing homes go through each phase at the same time, or can allow certain counties to enter a phase at the same time, or a state can allow individual nursing homes to go through the phases as they meet certain milestones for entering a particular phase.

1. **Who should decide when nursing homes should move into the next phase?**

State and local leaders including health department officials, in consultation with nursing homes will make these decisions.

1. **What factors should the state consider in developing its reopening plan?**

CMS recommends the state consider a number of factors including

* Case status in the 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
1. **How does the Reopening Nursing Home Plan differ from the Opening Up America Plan provided by the Administration?**

There are additional requirements in the Reopening Nursing Home Plan. Everyone in a nursing home must be given a baseline COVID test and appropriate actions must be taken based on the results before a nursing home is allowed to move through the phases. States should survey nursing homes that experienced a significant COVID outbreak to make ensure the nursing homes are preventing transmission. A nursing home’s opening should lag behind the general community’s opening by 14 days.

1. **What limits would be in place for residents in Phase 1?**

COVID positive residents will continued to be isolated as they are now. COVID negative residents may be allowed to eat in the dining room with social distancing (limited tables spaced apart and limited number of people). Group activities should be restricted but some activities can be conducted with appropriate social distancing, face masks and hand hygiene, similar to dining.

Non-medical trips outside the nursing home should be avoided. For any trips away from the nursing home, the resident must wear a mask and the resident’s status must be shared with the transportation company and individuals at the destination.

When individuals enter the nursing home, 100% of them must be screened, as well as all staff at the beginning of their shift. Also, residents must be screened every day. All staff must wear PPE when they are interacting with residents and infection control measures must be followed by everyone.

These restrictions would be slowly adjusted to allow COVID negative residents more freedom in the nursing home as the nursing home moved through the Phases based on the status of COVID cases.

1. **How often should a nursing home test its residents?**

The CMS guidance suggest that 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.

1. **How often should a nursing home test its staff?**

The CMS guidance suggests all staff should receive a baseline test and continue to be tested weekly thereafter.

1. **When will visitors be allowed in nursing homes?**

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

**Phase One and Two**: 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 Three**: Visitation is 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.

1. **When will health care professional visitation change?**

Starting in Phase Two, a **limited** number of **non-essential healthcare professionals** will be allowed in the building, with appropriate screening, masks, hand hygiene and social distancing.

1. **What are some other important things to know about each phase?**

A nursing home will not advance to a new phase until there has been 14 days without a COVID identified case originating in the nursing home. A nursing home might also be in a different phase than other nursing homes in the community depending on the status of COVID cases in the home, the availability of PPE, testing and staffing. In addition, a nursing home will go back to phase 1 if there is any new onset COVID case in the nursing home, even if the nursing home is in phase 3.

States may also choose to have a longer waiting period between phases if a nursing home has a large outbreak of COVID-19 cases, if they have a poor history of maintaining good infection control, if they can’t maintain good staffing levels, or any other situation that the state is concerned about that may warrant additional restrictions.

1. **Are there any survey requirements in the guidance?**

Yes. CMS provided guidance in the description of these phases about how state survey agencies will expand priorities over time and return to conducting regular survey activities to ensure care and services are delivered to residents in compliance with federal and state rules and regulations. Here is a link to that document. <https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf>

1. **What should happen if a resident of an adult foster care facility, home for the aged, or unlicensed assisted living develops COVID-19?**

These facilities may not have the ability to quarantine the resident who develops COVID-19 and protect other residents from acquiring the virus. Having that person stay in the facility may endanger other residents.  If the resident who develops COVID-19 is medically unstable, he or she should be sent to a hospital for treatment.  But if the resident is stable and does not need hospital care, we don't have a good answer for where that person should be transferred.  Currently, the regional hubs are not supposed to be accepting residents directly from an assisted living facility. A nursing home that is not a hub may accept the resident who is COVID-positive but we know that some nursing homes are not willing to accept people who have COVID-19  and the person may not need nursing home level of care.  We have been asking the state to clarify what its expectations are for residents in this situation and we will share that information when it is available.

1. **Do licensed and unlicensed assisted living facilities have enough PPE, tests, and staff to keep residents safe?**

The answer varies depending on the facility.  We do know that facilities that need more resources should first contact their local health department and that some health departments are proactively reaching out to these homes.  Some homes are also getting a lot of support from both their corporate offices and the two trade groups that represent those facilities.  Finally, we understand LARA is continuing to inspect adult foster care facilities and homes for the aged.  If you have concerns that an adult foster care facility or home for the aged is not adequately protecting residents, you can file a complaint with LARA.  And you can share concerns about any facility with the local health department.

1. **Is LARA identifying serious problems in nursing homes when it does its inspections?**

Yes, LARA has identified some very serious infection control problems in some nursing homes. Their reports are available to the public and we will provide the link to those reports in our written answers which we will share on our website.  When LARA finds a serious issue, it writes it up in detail and requires the nursing home to come up with a plan to fix whatever is wrong. If the surveyors find there is immediate jeopardy to residents, they do not leave the building until the nursing home has started to address the issues.

1. **Are there any exceptions to the no visitor rule except for the compassionate visits at the end of life?**

The “no visitor” rule has been implemented very strictly in Michigan. However, there may be some other circumstances in which a family member or other person who has been screened for COVID-19 may be able to come into the building to assist with care or perform vital functions. One of the Governor's Executive Orders, EO 2020-72, created some confusion on this issue.

We are seeking clarification from the state now about what those exceptions may be and how families should resolve concerns if they have a very important reason to get into the facility--like needing to assist with feeding a resident who is losing weight and at risk because the family is no longer allowed in the building.  If you have one of those **very compelling** situations, an ombudsman may be able to assist you.