

## October 5, 2020 Nursing Facility Call Questions

**Question#1** Regarding visitation changes—are residents now allowed to have more than one visit per month?

Indoor Visitation:

- Facilities can only have 1 visitor per resident at a time; the facility must ensure the designated room is large enough to maintain appropriate social distancing and must limit the amount of visitors based on the size of the designated room;
- Facilities must limit the duration of each visit to 1 hour

Outdoor Visitation:

- See page 4 of the visitation guidance for the number of outdoor visits

**Question#2** Christmas is coming—are donations such as stuffed animals, clothing, or handmade items allowed to be given to the residents? Are family homemade items such as quilts, crocheted, or knitted items allowed? Do we have to hold these items for a specified period before giving them to the residents?

As we get closer to the holiday season, we will reassess, at this time, these types of items are still restricted.

**Question#3** Per the guidance dated September 28 and just to clarify—the state is directing facilities to NOT use the antigen POC test kits facilities received to test staff...correct?

See Page 3 of the testing guidance for when POC test kits can be used on staff.

Facilities should utilize antigen tests in the following circumstances (see Attachment A):

1. Symptomatic staff and resident; or
2. Exposed\* staff or resident (this includes an exposed asymptomatic person).

**Question#4** Per the guidance dated September 28 do facilities still to perform and send swabs to TriCore for results on surveillance testing based on county positivity rates correct?

All staff should be tested according to Table 1 on page 1 of the testing guidance. These tests should be done with PCR tests unless staff meet any of the criteria in the chart on Page 3 of the testing guidance.

**Question#5** The guidance issued stating that facilities must supply a list of staff and residents to “our surveyor” and TriCore, however how are facilities to know who their surveyor is? Also, it states we must supply pre-printed labels to TriCore, this is confusing. Do we just supply the list or must we also produce pre-printed labels and send those to TriCore as well?

A list of staff and residents with insurance information should be sent to your DHI surveyor-to ensure reconciliation of unbilled claims. Your DHI surveyor is the person responsible for your CMS compliance surveys. The pre-printed labels are for the facilities use when collecting specimens not for TriCore usage and to be used on your requisition forms.

**Question#6** CCRC's have multiple levels of care including skilled nursing, assisted living, and independent living. Some employees cross over between departments and there is not an easy way to completely isolate skilled and assisted living staff from all the independent living residents. With this mind can the state provide guidance on testing for employees? Do CCR's need to include employees outside the licensed areas (skilled/assisted living) in testing from TriCore (this could increase employee testing by 7 times for some CCR's)?

All staff that work in skilled nursing must be tested according to Table 1 on page of the 1 guidance, regardless of employment in the ALF or independent living.

**Question#7** There was a change on the guidelines to allow families to have more than one visit a month under the discretion of the facility. Could the FAQ's be updated to reflect this?

Yes, FAQ's will be updated this week.

**Question#8** It appears from the guidelines that facilities are going to be heavily relying on the PCR testing through TriCore rather than the POC antigen testing, Correct? The antigen testing is primarily used for symptomatic staff and residents or exposed staff and residents, right? Facilities are trying to gauge how many test kits they are going to need.

Facilities should follow the chart on page 3 of the testing guidance to determine when it is appropriate to use a POC test.

**Question#11** Visitation makes no mention of needing a plexiglass barrier with the indoor visits, is it required? If not, is the plexiglass still required for outdoor visits?

Plexiglass is a material that is used to create a barrier between the visitor and resident, if this also can be used for indoor visits, it should be used. Although many indoor rooms make using plexiglass more difficult, it should be used when it can for indoor visits. Visitation guidance process requirements begin on Page 2 of the visitation guidance.

**Question#12** For visitation, what PPE is required for visitors during indoor/outdoor visits? Mask, eye covering, gloves, and/or gown?

Please see page 1 of the Visitation Guidance under "Core Principles of COVID-19 Infection"

1. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), screen for exposures to confirmed cases and test results pending. Those currently in isolation or quarantine should not visit and those with signs or symptoms should not enter.
2. Hand hygiene (use of alcohol-based hand rub is preferred).
3. Face covering or mask (covering mouth and nose).
4. Social distancing at least six feet between persons, 12 ft for those who cannot wear a mask due to medical condition.

**Question#13** The outdoor visit limit is one per month, is that still the case and does that also apply to indoor visits?

Please see the chart on page 4 of the visitation guidance. Any previous guidance on visitation will no longer be effect after October 15, 2020.

**Question#14** Staff reporting to work memo: What is the definition of close contact with a COVID positive case?

Direct exposure is defined as close contact with an infected or COVID-positive person (less than 6 feet) for 3 minutes or longer.

**Question#15** If a NH is in a county of less than 5% positivity rate, are you still testing residents that go out to dialysis weekly or monthly like the staff?

Yes.

**Question#17** For the outdoor visit there was a limitation of 1 visitor per month per resident. Does the indoor visit have the same requirement?

As of October 15, 2020 the guidance that was issued is the effective guidance. The limitation of 1 visitor per month will no longer be in effect.

**Question#18** Limiting the hair salons person to not working with any other place and only working in one facility seems excessive. Can we have the hair stylists be treated with the same rules as medical providers as an example (one facility per day, screened at door, etc.)?

Yes.

**Question#19** Are we now allowed to have volunteers and students in the facility?

Only CNA nursing students at this time.

**Question#20** There is no ICD10 code for testing of asymptomatic persons. What code is to be used for ASYMPTOMATIC SCREENING?

Exposure to COVID-19: For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.828

**Question#21** Compassionate Care visits criteria seem a bit broad. A case could be made for every resident getting a visitor. Is the intention of Compassionate Care Visits rules to have all residents get a monthly visit?

Compassionate Care Visits: are one-time, with one visitor, and allowed on a limited basis as an exception to visitor restrictions.

**Question#22** Activities—Per the table provided at a low (<5%) positivity rate we can have indoor activities. The table states “no more than 5 at a time participating.” Does this number include facility staff or is this strictly residents?

Residents.

**Question#23-25** Dining—The only guidance provided is as follows: “residents should dine with or cohorted the other individuals in the unit or wing.” We have a few questions surrounding this:

Is there a limit on the number of residents allowed in the dining room at one time?

The limit is based on the ability for the room to maintain appropriate social distancing and spacing of tables of at least 6 ft.

Is there a limit of how many residents are allowed per table in the dining room? If by chance it is recommend only 1 resident per table, can a couple or roommates sit together?

No more than 6 people at a dining table at a time.

Are there any restrictions on the actual meal service? For example: no cloth napkins, tablecloths, pitchers of water, etc.?

No.

**Question#26** Small facilities do not employ a hairdresser. In the past, a licensed hairdresser that has their own business in the community, would come in on certain days and provide services to our residents. We do not have the census to employee a full-time or even part-time hairdresser. How would you suggest we proceed?

Utilize the licensed hairdresser as previously used ensuring all COVID safe practices and the hairdresser should be tested for COVID-19 similar to all other employees.