GUIDANCE FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

Issued: April 2, 2021, Updated April 16, 2021

Acknowledged and Directed by the Secretary of Health: Traci C. Collins, MD, MPH, MHCDS

Dr. Traci C. Collins

Acknowledged and Directed by the Secretary of Aging and Long-Term Services: Katrina Hotrum-Lopez

---

New Mexico, the Centers for Medicare & Medicaid, and the CDC recognize that physical separation from family, caregivers, friends, and others has taken and continues to take a physical, emotional, and psychological toll on clients/residents. Clients/residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Clients/residents living with an intellectual disability and/or a severe mental illness may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. In congregate living settings, several factors may facilitate the introduction and spread of SARS-CoV-2, the virus that causes COVID-19. Some of these factors include residents employed outside the home, residents who require close contact with staff or Direct Service Providers, residents who have trouble understanding information or practicing preventive measures, and clients/ residents in shared living spaces. In addition, residents who have underlying medical conditions may be at risk of serious illness with COVID-19. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both clients/residents and healthcare personnel (HCP) as defined by the CDC. Even as congregated settings resume more normal practices and begin relaxing restrictions, facilities must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among clients/residents and HCP in order to prevent spread and protect clients/residents and HCP from severe infections, hospitalizations, and death**.** Nonetheless, New Mexico, CMS, and the CDC recognize the right to familial association and the struggles families have endured during the pandemic due to visitation restrictions which were put in place to protect residents of congregate settings. This Guidance is designed to protect that right while also ensuring resident health and safety.

The following guidance for ICF/IIDs should be used in conjunction with facility (ICF/IIDs) policies, relevant CMS guidance and requirements, as well as CDC recommendations. This means visitation and interaction between clients/residents may look different throughout the state and facility types and is dependent on many factors. Please thoroughly read all applicable guidance, determine and implement an appropriate visitation and activity policy. Every facility must allow visitation in accordance with the following guidance. All visitation and activities must also occur according to the "Core Principles" of COVID-19 Infection Prevention.

All testing and infection control requirements remain in place. All outbreak/hot spot testing requirements remain in place.

Table of Contents

I. Core Principles of COVID-19 Infection Prevention

1. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
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.
5. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
6. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
7. Appropriate staff use of Personal Protective Equipment (PPE).
8. Movement of visitors in these facilities should be restricted. Visitors should limit their movement to see only the client/resident they are visiting and should not go to other locations in the facility.
9. Effective cohorting of clients/residents (e.g., separate areas dedicated COVID-19 care).
10. Resident and staff testing conducted as required by ICF Testing Guidance for Intermediate Care Facilities.
11. Limiting and monitoring points of entry to the facility.

II. Visitation Process Requirements

- ✓ Facilities must establish and maintain a schedule of visitation.
- ✓ Facilities must maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.
- ✓ Facilities must have a process for screening all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation.
- ✓ Locations for visitation (both indoor and outdoor) must be designated beforehand, and these locations must allow for at least 6 feet of space consistently between all visitors, staff, and client/resident, 12 ft for those who cannot wear a mask due to medical condition, at all times.
- ✓ Facilities must have adequate staff present to allow for safe transit of clients/residents to the designated visitation location, in-person monitoring of visitation, and environmental cleaning and disinfection after visitation.
- ✓ Safe transport means that the client/resident should wear a facemask to prevent viral shedding and cannot be transported through any space where clients/residents with suspected or confirmed COVID-19 are present.
- ✓ Monitoring visits is required and should be performed by a staff member trained in patient safety and infection control measures. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy.
- ✓ Facilities should develop a process to inform and educate clients/residents and visitors about the necessary precautions and periodically monitor visits for compliance.
- ✓ Facilities must have adequate personal protective equipment (PPE) to provide clients/residents, staff, and visitors (who do not arrive with a cloth face covering) with a facemask during the visit and during transit to/from the visitation site.
- ✓ Facilities should demarcate spaces for people to sit in the visitation area (both indoors and outdoors).
- ✓ Staff must carry alcohol-based hand sanitizer with them to the visitation.
- ✓ Staff, client/resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
- ✓ Facilities must clean and disinfect all touched surfaces prior to and after each visit.
- ✓ ICF/IID facilities should promote and may not restrict visitation without a reasonable clinical or safety cause, consistent with requirements at 42 CFR 483.420(a) (“Standard: Protection of clients’ rights.”) and 42 CFR 483.420(c) (“Standard: Communication with clients, parents, and guardians.”)
- ✓ Where accommodations to meet the specific needs of a client/resident prevent implementation of a protective measure, additional levels of protection should be addressed in a person-centered manner. For example, touch-based communication may be necessary for clients/residents with combined hearing and vision impairment, but increased use of touch-based communication may necessitate higher levels of hand hygiene, respiratory protection and/or other protections that may be appropriate in such situations. Also, ICF/IIDs should enable visits to be conducted with an adequate degree of privacy. Visitors who are unwilling to adhere to the recommended principles of COVID-19 infection prevention should not be permitted to visit in person or should be asked to

leave. Additionally, visitation should be person-centered, supportive of quality of life, and considerate of clients'/residents' physical, mental, and psychosocial well-being. By following a person-centered approach and adhering to these recommended principles, visitation can occur more safely based on this guidance.

- ✓ For those clients/residents that test positive for COVID-19 infection, facilities should implement one or more of the following options:
  - Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
  - Creating/increasing listserv communication and website notifications to update families and caregivers, or outside HCPs, such as advising them not to visit when circumstances require.
  - Assigning dedicated staff as primary contacts to families and caregivers for inbound calls and conduct regular outbound calls to keep families and caregivers up to date.
  - Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, COVID-19 infection status, and when it will be safe to resume visits.

III. Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the client/resident and visitor are fully vaccinated against COVID-19*. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual client's/resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

**Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

IV. Indoor Visitation Plan

In the event a new COVID-19 positive case is identified all visitation must stop until the criteria in Section V are met. Exception: Compassionate Care/End of Life visits are always allowed.

Outdoor visitation is still preferred even when the clients/resident and visitor are fully vaccinated against COVID-19. However, Facilities should allow indoor visitation at all times and for all clients/residents (regardless of vaccination status), **except** for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). Indoor visitation should only be restricted based on the chart below:

Indoor Visitation Not Allowed For	When	Visitation
Unvaccinated Clients/residents	The facility's COVID-19 county positivity rate is >10% **and** < 70% of clients/residents in the facility are fully vaccinated	Closed window visits only. Frequency determined by the facility based on an individual client's/resident's health status
Clients/residents with confirmed COVID-19 infection	Regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions	Closed window visits only. Frequency determined by the facility based on an individual client's/resident's health status
Clients/residents in quarantine	Regardless of vaccination status until out of quarantine	Closed window visits only. Frequency determined by the facility based on an individual client's/resident's health status
All clients/residents (except compassionate care/end of life)	A new COVID-19 case is identified (hot spot/outbreak)	No visitation allowed until all criteria from Section V are met.

V. Testing and Visitation During an Outbreak

An outbreak exists when a new onset of a COVID-19 case occurs (i.e., a new COVID-19 case among clients/residents or staff).

To swiftly detect cases, we remind facilities to follow all directives and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak/hot spot testing.

When a new case of COVID-19 among clients/residents or staff is identified, a facility should immediately begin outbreak/hot spot testing and suspend all visitation (except compassionate care or end of life visits), until at least one round of facility-wide testing is completed.

Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals no additional COVID-19 cases in the facility, then visitation can resume for clients/residents in the facility with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in the facility, then facilities should suspend visitation for all clients/residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

- While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in the facility, then facilities should suspend visitation for all clients/residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

VI. Physical Contact during Visitation

If a client/resident is fully vaccinated, they may choose to have close contact (including touch, hug, hand holding etc.) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other clients/residents and staff in the facility.

VII. Requirements After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the facility and develops signs and symptoms of COVID-19 within 5 days after visiting or tests positive for COVID within 2 days of visiting must immediately notify the facility. The visitor should inform the facility of the date of their visit, the individuals (both clients/residents and staff) they were in contact with, and the locations within the facility they visited. Facilities may consider giving the visitor a written card with the expectations upon leaving the facility. The facilities should immediately screen the individuals who had contact with the visitor for the level of exposure.

VIII. Compassionate Care Visits / End of Life Visitation

Compassionate care, end of life, and visits required under federal disability rights law, should be allowed at all times, regardless of a client's/resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. These visits may happen in a client/resident room. Visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. Also, as noted above, if the client/resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other clients/residents and staff in the facility. Through a person-centered approach, facilities should work with clients/residents, families, caregivers, and client/resident representatives to identify the need for compassionate care or end of life visits. In COVID positive end of life visits, extreme precaution must be taken. The visitor must wear full PPE (mask, face shield, gloves, gown) and be instructed how to take off the PPE after visiting.

IX. Quarantine

- ✓ New clients/residents and clients/residents who leave the facility:
  - For all new admissions and readmissions, clients/residents should be placed in a 14-day quarantine, even if they have a negative test upon admission, except when
    - Clients/residents who are being admitted to Intermediate Care Facility (ICF) facility are fully vaccinated* and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days; or
    - Clients/residents are recovered within 3 months of a SARS-CoV-2 infection.
  - Quarantine is not recommended for clients/residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.
  - Clients/residents that leave for medical appointments should share the client's/resident's COVID-19 status with the transportation service and entity with whom the client/resident has the medical appointment.
  - Clients/residents should follow IPC practices, including face masks or respirators, hand hygiene, and physical distancing when leaving the facility.
  - Facilities might consider quarantining clients/residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures. The facility is responsible for assessing the risk of infection any time a client/residents leaves the facility and returns. The risk assessment should include, at a minimum, the following: county positivity rate, vaccination status of the facility/community, resident adherence to IPC practices, purpose of outing and risk of exposure. If the facility does quarantine a client/resident upon return, the justification for quarantine should be documented and available for review.
  - Clients/residents who leave the facility for 24 hours or longer should be placed in a 14-day quarantine unless they meet the exceptions listed above for admission and readmission
- ✓ Clients/residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure.
- ✓ Clients/residents with confirmed COVID-19 infection must quarantine, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precaution.
- ✓ Clients/residents in quarantine, whether vaccinated or unvaccinated, should remain in quarantine until they have met criteria for release from quarantine.

**Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

X. Facility Activities

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Clients/residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Additionally, group activities may also be facilitated (for

clients/residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among clients/residents, appropriate hand hygiene, and use of a face covering (except while eating). Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. Facilities must follow Table 1 below regarding activities.

Activities are **Not** Allowed for
Clients/residents with confirmed COVID-19 infection - regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions
Clients/residents in quarantine - regardless of vaccination status until out of quarantine

ACTIVITIES TABLE 1
The red, yellow, green framework is subject to change

	County positivity rate Low (<5%)	**County positivity rate Medium (5% – 10%)**	**County positivity rate High (>10%)**	**Outbreak/Hot Spot**
Communal Dining	Yes, no more than 50% capacity within the dining room, with social distancing, hand hygiene and use of a face covering when not eating.	Yes, no more than 33% capacity within the dining room, with social distancing, hand hygiene and use of a face covering when not eating.	Yes, no more than 25% capacity within the dining room, with social distancing, hand hygiene and use of face covering when not eating.	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate
Outdoor Activities	Yes, limited to no more than 15 people with face coverings and physical distancing	Yes, limited to no more than 10 people with face coverings and physical distancing	Yes, limited to no more than 5 people with face covering and physical distancing	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate

Indoor Activities	Yes, no more than 50% capacity within the activity room with social distancing, hand hygiene and use of face covering	Yes, no more than 33% capacity within the activity room with social distancing, hand hygiene and use of face covering	Yes, no more than 25% capacity within the activity room with social distancing, hand hygiene and use of face covering	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate
Beauty Salon Services	Yes, follow the salon guidance	Yes, follow the salon guidance	Yes, follow the salon guidance	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate

XI. Entry of Healthcare Workers and Other Service Providers

Health care workers who are not employees of the facility but provide direct care to the facility's clients/residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened. EMS personnel do not need to be screened, so they can attend to an emergency without delay. As a reminder all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

XII. Federal Disability and Rights Laws and Protection & Advocacy (P&A) Programs

P&A systems authorized under the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. §§ 15041–15045) protect the rights of individuals with developmental and other disabilities. P&As have a number or authorities, including the authority to "investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probable cause to believe the incidents occurred." 42 U.S.C.A. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A systems are permitted immediate and unrestricted access to all facility residents, which includes "the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and

in person." 42 CFR § 51.42(d) "Access to facilities and residents."); 45 CFR § 1326.27(d) ("Access to service providers and individuals with developmental disabilities.").

Additionally, each facility must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act, Section 1557 of the Patient Protection and Affordable Care Act, and the Americans with Disabilities Act, as applicable. Under these laws, facilities may be obligated to permit in-person visits for individuals with disabilities in certain circumstances. For example, facilities may be required to permit entry of a designated support person to meet an individual's disability-related needs, including, as may be appropriate in some cases, supporting an individual's transition from an institutional setting into the community. Reference: OCR Resolves Complaints After State CT Private Hospital Safeguards the Rights of Persons | HHS; see also, COVID-19 Considerations Strategies and Resources for Crisis Standards of Care in PALTC Facilities | HHS.

Where ICF/IID's are licensed as nursing facilities and are certified under section 1919 of the Social Security Act, the ICF/IID must allow visitation by the long-term care Ombudsman program, consistent with 42 CFR 483.10(f)(4)(i)(C). Reference: visitation guidance for Nursing Homes: QSO-20-39-NH memo.

If a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the entry into the facility of a person to interpret or facilitate as stated in 42 CFR 483.420(a)(1) and (2) for ICF/IIDs. These obligations do not preclude facilities from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the recommended principles of COVID-19 prevention.

Any questions about or issues related to enforcement or oversight of the non-CMS requirements and citations referenced above under this section subject heading should contact the HHS Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agency.

XIII. Indoor Visitation Requirements for Court-Appointed Guardians and Conservators

In order to report to the court and fulfill their legal duties, court-appointed guardians and conservators need to have access to the protected person(s) for whom they have been appointed, in order to accurately assess the living situation and overall well-being of the protected person(s).

Court-appointed guardians and conservators are defined as any corporate/professional guardianship agency or any person appointed by the courts to serve in the role as guardian and/or conservator. The ICF and the guardian or conservator must adhere to the following requirements throughout the entirety of the visit:

1. Stay Home if You are Sick: Court-appointed guardians and/or conservators must stay home and not conduct indoor visits if they have been exposed to COVID-19 in the last fourteen (14) days or are showing COVID-19 symptoms. Anyone who has had close contact with a person who has COVID-19 should also stay home and monitor their health.

2. Scheduling Court-Appointed Guardian and/or Conservator visits:
   - ✓ All court-appointed guardian and/or conservator visits must be scheduled at least twenty-four (24) hours in advance.
   - ✓ Each provider agency must establish a point of contact, who has authority to schedule court-appointed guardian and/or conservator visits, e.g. Service Coordinator, House Supervisor, etc.
   - ✓ Agencies must work with court-appointed guardians and/or conservators to facilitate monthly visitation, or the appropriate recurrence requested by the guardian or conservator, and to schedule a date and time for the visit. The provider agency and the court-appointed guardian must agree on the date and time that the indoor visit will occur, based upon the number of individuals receiving services in the home, staff available during the time of the proposed visit, and ability to implement appropriate disinfection between visits.
   - ✓ The agency must allow guardians and/or conservators to view the living area, kitchen area, bedroom and bathroom, etc., of the protected person.
   - ✓ Prior to any court-appointed guardian and/or conservator entering the home, the provider agency must perform screening including symptom and temperature check. Screening requirements of court-appointed guardians and or conservators must include the following:
     - Ask the court-appointed guardian and/or conservator if they have a fever (above 100.4) and confirm by taking their temperature using a temporal thermometer.
     - Ask the court-appointed guardian and/or conservator "Have you felt like you had a fever in the past day?"
     - Ask the court-appointed guardian and/or conservator "Do you have a new or worsening cough today?"
     - Ask the court-appointed guardian and/or conservator, "Do you have any of these other symptoms?"
       - Shortness of breath or difficulty breathing
       - Fatigue
       - Muscle or body aches
       - Headache
       - New loss of taste or smell
       - Sore throat
       - Congestion or runny nose
       - Nausea or vomiting
       - Diarrhea
     - If the answer is "Yes" to any of these questions, the visit will not be allowed.
     - If the answer is "No" to each of these questions, the visit may proceed.
   - ✓ Court-appointed guardian and/or conservator visits must adhere to the mass gathering requirements of the current Public Health Order for the respective county they are visiting.
   - ✓ If any individual (person served) in the home tests positive for COVID-19; the court-appointed guardian and/or conservator visit must be cancelled.
   - ✓ Agencies are to keep visitor logs (visitor logs will assist with contact tracing in the event of a COVID-19 positive case).

- ✓ Agencies must assure that core principles of COVID-19 Infection Prevention are followed throughout the visit.
- ✓ Court-appointed guardians and/or conservators must wear a face mask/face covering following guidelines from the Centers for Disease Control and Prevention:
- ✓ Court-appointed guardians and/or conservators must wear a face mask and/or face covering throughout the entirety of the visit. The face mask/covering must be worn properly (covering the nose and mouth with a tight fit) throughout the duration of the visit. The mask/covering cannot be removed during the visit. A face shield alone is not an acceptable means of face covering.
- ✓ Court-appointed guardians and/or conservators must follow New Mexico's COVID-19 Safe Practices

3. Social Distancing Enforcement:

- ✓ Court-appointed guardians and/or conservators must maintain social distancing to the extent possible while conducting the visit in the home.
- ✓ No more than one court-appointed guardian and/or conservator may conduct a visit in the home at the same time.
- ✓ Minimize gestures that promote close contact. For example, don't hug or shake hands; wave and verbally greet them.

XIV. TESTING

- ✓ All testing and infection control requirements remain in place. All outbreak/hotspot testing requirements remain in place.
- ✓ Facilities are required to follow all ICF Testing Guidance issued by the State of New Mexico Facilities must timely administer and submit all test results to the appropriate laboratory.
- ✓ Facilities are required to comply with electronic submission requirements outlined by the laboratory vendor.
- ✓ Facilities should only be testing those individuals outlined in the testing guidance.
- ✓ If a facility utilizes tests beyond the prescribed testing frequency, the facility shall be responsible for those costs.
- ✓ If facilities have received any communication from the laboratory vendor, ALTSD, or DOH regarding billing issues, they must be resolved.
- ✓ All negative and positive SARS-CoV-2 results must be reported irrespective of the method. N**ote that health care facilities using Point of Care COVID-19 testing devices under a CLIA Certificate of Waiver, including nursing homes, ICF/IIDs, pharmacies, or other settings will be required to report test results under this regulation.**
- ✓ All CLIA-certified laboratories that perform or analyze any test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 must report to 1.Electronic HL7 messaging to DOH; **or** 2. Simple Report