

Questions & Answers
Assisted Living/Res Care/Adult Day Care Provider Call
Wednesday, November 17th, 2021
3:00 PM – 4:00 PM

Vaccine Mandate:

1. Q: We receive the ADvantage waiver from the State of Oklahoma, would that make us fall under the CMS vaccine mandate?

A: ADvantage waiver is under the Department of Human Services, it is not a CMS regulated service.

2. Q: Vaccine exclusion question: You noted Group Homes and Assisted Living are excluded. Are Adult Day Services or other Non-Nursing Home Facilities excluded also? You mentioned about if you are under CMS something, what does that mean? Are outside professionals required to be vaccinated?

A: If you are under the Centers for Medicare and Medicaid Services (CMS) as a supplier/provider type (for LTC that means providers), this means you receive funding or have signed a benefit agreement with CMS. If you have not been told that you could be surveyed under the federal requirements, it does not apply to you.

3. Q: The owners of our facility are also owners of a long term care facility and we are being directed that we will have to get the vaccine, is this correct?

A: We cannot usurp what your owners say. A facility or an organization can choose what their expectations are. Hold a discussion with your owner so they can explain their rationale for the decision.

4. Q: We have counselors and outside consultants (speech, physical therapy, etc.) that come to our facility. Are they also required to be vaccinated?

A: This depends on your facility type and if you are under CMS. Physical and speech therapists, etc. are Medicare/Medicaid certified and will be expected to be vaccinated.

5. Q: Can we restrict 3rd party healthcare providers from entering if not vaccinated?

A: We are not sure what you are meaning by third party since it means different things to different people. Consider your resident's rights. It is believed you now have all the tools needed to keep your residents safe. Be careful with using the word "restrict" and consider the risk of what you are planning to restrict.

6. Q: If I am an assisted living center does the OSDH make any evaluation on how closely my facility is following the OSHA Healthcare ETS (Emergency Temporary Standard)? Is there any coordination between the OSDH and OSHA? See <https://www.osha.gov/coronavirus/ets/faqs>

A: We do have an obligation if there is something that is in our knowledge sphere to make sure education is provided. We do not regulate any aspect of OSHA. We do want you to think about the pieces we do regulate that OSHA touches. A lot of this has to do with your infection prevention and control.

7. Q: At this time, the OSHA Healthcare ETS applies to healthcare facilities, not the OSHA Vaccination and Testing ETS. The latter is enjoined, not the former?

A: Our legal team has informed us that it is enjoined. Keep in mind, we do not regulate for OSHA.

8. Q: After January 5, do new employees need to have completed the shot series (1 or 2 shot series) AND complete the two week post-vax period before the new employee can have contact with clients?

A: If you are a CMS facility, CMS has not given specifics on this at this time. We will take this question to CMS for their perspectives. If you are not CMS certified, this does not apply to you.

9. Q: With mandatory vaccination in place, is being vaccinated now considered an essential job duty that can be screened for before the person becomes an employee of the organization?

A: If you are a licensed-only facility, there are no vaccine requirements. If you are a CMS certified facility, CMS has not provided specifics for this. We will take this question to CMS for clarification.

Screening:

10. Q: How does a facility guarantee a person screens in if we don't have a person monitoring?

A: This will be an individual facility choice. This will depend on the level of trust and the relationship you have with the people entering your facility. The discussions you have with your residents and their visitors would be important. We can't tell you what is best for your facility, we just wanted you to know it is an option. Please note you don't have to eliminate the active screener.

11. Q: What all needs to be at the door? Thermometer and COVID symptoms? Are they required to sign in?

A: This would be a method of tracking and proving screening is being done, if you choose to use the more passive approach to screening. If you did want to do something like that, a thermometer and

a check for COVID symptoms would probably be appropriate. You need to be able to show you are considering the Core Principles.

12. Q: Clarification on Health Screening: Taking temps and asking exposure/illness questions upon arrival and frequently during the day?

A: There are no hard and fast rules for this. We know COVID is not always easily detected, so you do want to remain vigilant especially since flu season has begun.

13. Q: Do we need to continue to do health screenings for the resident?

A: Thinking from a very generic perspective, health screenings are very important. If you are speaking to something more specific, please contact LTC for discussion.

14. Q: Back to the health screening of residents. A while back we were required to screen our residents twice a day. We developed a spreadsheet for each resident. Can we now go back to charting by exception and do away with the "form"?

A: Consider the risks, what is happening in your facility and what your policy says. There is nothing that says they have to be screened twice a day. Consider the risk of charting by exception.

Waivers:

15. Q: Do CNAs still have the 120 days to test after the waiver expires 12/31/21? Is the CNA Waiver to test going to be extended?

A: Yes, the waiver is going to be extended based on CMS extending the Public Health Emergency (PHE). When looking at the 120 days, consider the goal. The goal is for the aide to get through training, be tested and to be proficient. If you are not working towards that, you put yourself at risk of having your residents receive substandard care or not meeting the quality of care you are insisting your aides provide. Without this, there is no accountability for the aide. We are planning to extend this, but it is not to allow you to not push toward the end goal for the aide.

16. Q: With the extreme staff shortage, will you be looking at re-enacting the CMA training program within the communities, since this is State regulated?

A: When it comes to our rule and statutes, we have to consult with our legal team so we don't violate the law. When there is no Executive Order in place, we have to make sure that things are done within our authority. We are not taking anything off the table, but we are being very mindful of where our authority starts and stops.

Visitation:

17. Q: In regards to visitation, can we have visiting hours if it is 7 days a week? It's hard to manage IP procedures if they walk around and talk to folks if there are no visitation hours, and at times families will try and remove the masks.

A: Remember you educate the resident and their visitors, but they ultimately make those decisions (as long as they don't infringe on someone else's rights). Continue to have those relational conversations with the residents and families so they are not caught off guard when they arrive and are aware of the Core Principles and the expectations. Be mindful that when you start talking about restricting, does it infringe on your residents' rights and needs.

Testing:

18. Q: Does assisted living have to test unvaccinated staff if screening and mask requirements are in place?

A: There is nothing that says assisted living or any licensed-only facility has to test their staff or residents. You are a healthcare facility and we want to encourage you to look at the guidance under the CDC for masking and safety.

Dr. Frasier's final comments:

This has been a great discussion today. When you have questions related to screening or your COVID protocols, please reach out to us for discussion. We want to make sure you have all the information you need to make the best decision for your facility. As things shift, we also want to make sure you know where the flexibilities are. Thank you for joining us today and we appreciate all you do to keep the residents safe.