

**Questions & Answers**  
**Nursing Facility/Skilled Nursing Facility Provider Call**

Wednesday, January 12<sup>th</sup>, 2021

1:00 PM – 2:30 PM

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

**Testing:**

1. Q: We are desperately looking for rapid tests. I have attempted to contact the state, any suggestions?

A: Big Commerce is our source for requesting supplies. BigCommerce is also having difficulty obtaining supplies and if they are available, you will only be provided a limited amount. Reach out to your other third-party vendors to see if they can assist you. You may also reach out directly to Long Term Care. Please call and we can talk through it. The BigCommerce website is <https://okppe.mybigcommerce.com/>.

2. Q: When a staff member has returned to work following recovery from COVID, do they still wait 90 days before resuming routine testing?

A: Yes. However, if they become symptomatic, testing may be necessary to rule out reinfection.

3. Q: Does the person who is doing the COVID POC testing have to be a nurse?

A: When you are talking about the COVID point-of-care (POC) testing, under CLIA it does not have to be a nurse, but they must be trained. When it comes to your facility, follow your policies and procedures.

4. Q: When a facility is on outbreak testing, do we continue to test the unvaccinated staff twice a week or just test everyone on the 3-7 day testing requirement related to the outbreak?

A: This may depend on the testing approach you are using, contact tracing vs broad-based testing. Contact LTC with your specifics for discussion.

5. Q: If a facility is in outbreak testing and needs to test unvaccinated staff twice weekly because the county is red, can the staff who only work Saturdays and Sundays be tested on Saturdays and Sundays even if it is not 3 days apart? They do not work on any other days of the week.

A: The CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) provides the following guidance under the Testing section, "In nursing homes located in counties with substantial to high community transmission, unvaccinated HCP

should have a viral test twice a week. If unvaccinated HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift (including the day of the shift) ..." There is nothing that says you cannot.

**Waivers/Notification of Change Form 958:**

6. Q: What if you don't have a DON, they walked out. Do we just send in the 958 with no name for a DON?

A: If you have no DON, you should have contacted licensing and Long Term Care (LTC). A facility must have a DON to be in compliance with the regulations. If you are without a DON and have not made these contacts, please do so.

7. Q: Who do we contact about the RN waiver?

A: You may email Health Facility Systems (HFS) at [HFS@health.ok.gov](mailto:HFS@health.ok.gov) in regards to information about waivers. The phone number to HFS is 405.426.8175 or you may email Espa Bowen at [Espab@health.ok.gov](mailto:Espab@health.ok.gov). Be sure you provide detailed information about your situation. This is not a blanket waiver. The requests are looked at on a case-by-case basis and not everyone will receive a waiver. The HFS webpage is <https://oklahoma.gov/health/protective-health/health-resources-development-service/health-facility-systems-.html>.

8. Q: Has the federal emergency been extended and in turn the temp nurse aide been extended?

A: It has been extended and there is no end date at this time. The Nurse Aide Registry (NAR) can assist you if you have questions. Their email is [NAR@health.ok.gov](mailto:NAR@health.ok.gov).

9. Q: When there is a change of DON, can the licensed administrator sign the 958, or does it have to be an officer of the corporation as stated on the form?

Q: Can the company officers no longer designate the administrator to sign for them on the 958?

A: It has to be an officer of the corporation and it has to be notarized. The corporate officer can designate the administrator to sign the 958. It has to be submitted in writing on letterhead. It can not be done when submitting the renewal, but when the designation was actually made.

10. Q: If my DON quit, but if I have an RN to do the daily 8 hours, do I need to still request a DON waiver until I fill the DON position?

A: The DON is a required position. You are meeting the RN requirement, but not the DON requirement. If the RN is willing to be your designated DON, this will help. You will still need to submit a Notification of Change (Form 958) to show the RN is temporary.

### Work Restriction Phases:

11. Q: If we go into outbreak testing and our results come back that 75% of our staff is positive, how does that not send us into crisis for staffing?

A: We have not said that it didn't. However, just that information alone is not enough. If you have a more specific question, please contact LTC.

12. Q: Are you saying we do not need prior approval from the health department for Contingency, but document our efforts as to why we need to go into contingency mode?

Q: We can move into contingency without SA permission, but if heading into crisis then we need to at least notify the SA? Wanting clarification

A: Yes, we are saying you do not need the department's approval to move into Contingency. The same applies for Crisis. Please consider that once you enter Contingency or Crisis, it is not just automatic that you stay or rest there. You should be continuously evaluating where you are as a facility in an attempt to move back out of those phases. Be sure to keep thorough documentation of your efforts. We, as the state agency, are your advocate at times. When discussions are held with CMS, it is our responsibility to paint a clear picture of the status of the facilities in the state. Data helps accomplish this goal. The reason we are asking you to notify LTC when you move into Contingency or Crisis, is to help compile this data.

13. Q: I have heard that OSDH doesn't approve of letting positive staff coming back to work after day 7 with a negative test result as per the Conventional CDC work restriction guidelines. Is this correct?

A: We follow the CDC guidance and the regulator follows this guidance as well. If you are talking to HAI or the epidemiologists, they are going to tell you the 'ideal' situation of 7 to 10 days. Consider where you got the information, but know that from the regulatory standpoint, we follow the CDC guidelines.

14. Q: Does "5-7" in regards to testing mean test on days 5, 6, and 7 or test on any day in that time frame?

A: When it says to test on days 5, 6 and 7 it is saying to test on those days. So, if you look at the work restrictions for asymptomatic HCP with exposures Contingency phase for vaccinated/unvaccinated workers, you would only get a break on day 4 of the daily testing.

The CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) provides the following guidance under the Perform SARS-CoV-2 Testing section, *"Asymptomatic HCP with a higher-risk exposure and patients with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of **two** viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–*

*7 days after the exposure.*" This is the guidance provided under the Conventional phase for boosted HCP with exposures.

15. Q: If not eligible for booster, but have had second COVID vaccination in last 6 months, does this count as boosted until after the window is open for booster?

A: Our first response is no, but we are not sure we completely understand the question. A booster or a third dose is exactly that, there is no substitute. You may contact LTC for information or we can connect you to the Immunizations team. The CDC guidance in [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) reads in part, "HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC."

16. Q: If a staff is unvaccinated. No symptoms. Tested positive. Are they out 10 days?

A: More questions need to be answered to determine this. Where are you in the phases of return to work? What is going on with your facility? Where would that individual be working? Remember, your immunocompromised residents need to be considered when you are looking at those phases. If you have concerns, reach out to LTC or HAI for assistance.

17. Q: Are there criteria to meet to help guide facilities on whether they are under conventional, contingency or crisis? Much like the guidelines we had at the beginning of this pandemic.

A: There was a checklist that went out via GovDelivery.com on January 01/07/22 that provides a step-by-step guide to identify what you need and to help you evaluate where you are. Consult with the professionals in your facility and organization. Long Term Care is also here to assist. The Preventative Medical Consultants (PMCs) have a set of questions they can discuss with you to assist you with identifying where you are. The document is [Guidance and Protocol for Long-Term Care Facilities Experiencing Staffing Shortages due to the COVID-19 Public Health Emergency](#).

18. Q: When I last called LTC about staffing mitigation for my facility, I was informed that we are not allowed to declare the nursing facility in a "crisis mode" unless the Governor declares a state of emergency? Has this guidance changed?

A: We are not sure who told you that. Please email Dr. Frazier at [LaTrinaF@health.ok.gov](mailto:LaTrinaF@health.ok.gov) with that information. There is CDC guidance related to this and there is a checklist related to staffing shortages which was sent out via GovDelivery on 01/07/22 titled [Guidance and Protocol for Long-Term Care Facilities Experiencing Staffing Shortages due to the COVID-19 Public Health Emergency](#). If you need assistance, the Preventative Medical Consultants (PMCs) are always available.

19. Q: Are you going to have any changes to your grids based on the new guidance?

A: Right now, the grids have not changed because the guidance still shows as interim. Once the final guidance is released, we will make revisions to the grids if needed. We wanted to visit with you about it so you could be aware.

20. Q: You mentioned something about daily testing. Could you please repeat this information?

A: If you go to the CDC guidance on return to work, there is a table that talks about the different phases. You will notice under the Crisis phase there are recommendations for testing. It speaks specifically to asymptomatic HCP with exposure. If you are in Contingency and you do not quarantine them, it says no work restrictions with negative tests on day 1, 2, 3 and 5-7.

21. Q: What is the best way to contact OSDH in order to notify them that the facility is entering a Crisis staffing situation related to COVID?

A: Email [LTC@health.ok.gov](mailto:LTC@health.ok.gov).

22. Q: Would it not be better to work one to two less than the staffing ratio, then going into Crisis Staffing?

A: Staffing ratios are law. We do not have the authority to recommend that you ignore the law. This is statutory until it is legislatively changed. The Crisis phase guidance may actually be able to assist you with this.

23. Q: If it is possible to still test positive in the 90-day window, why do employees need to test negative to return to work in 7 days? Won't they continue to test positive in the 90-day window due to shedding the virus?

A: It is possible. This is the CDC guidance we have been provided.

24. Q: With the new guidance for the five days quarantine after testing positive if symptomatic, can the employee return five days after symptom onset as long as they are asymptomatic upon return? Or is it five days after positive?

A: Make sure to look to see if you are in the Conventional, Contingency or Crisis phase. Since this person is positive, be sure you are looking at the COVID positive guidance instead of the exposure guidance. This will assist you to understand where you are.

**Quarantine:**

25. Q: We were told by a state official that we no longer have to keep COVID positive residents in a secured COVID unit, they can remain in their room for isolation.

A: This guidance is based on what the facility is able to do related to available space and what is feasible. There are no requirements of an isolation hall and remember the resident's rights. Consult with your Infection Preventionist. Long Term Care and HAI are also available to walk you through your situation.

26. Q: I understand that current guidance says that fully vaccinated residents do not need to quarantine upon admit, but with so many break-through cases, can we start putting new residents on quarantine out of precaution?

A: If your facility is considering this, please reach out to LTC. The one thing you have to remember is the resident's rights. This should be resident specific. If you know the resident has not had any exposures, quarantining them may not be advisable. If the resident tells you they have had multiple exposures, consider they may be cooperating with you instead of being resistant to quarantine. Consider what phase you are working your staff in. You have to be mindful if you are quarantining residents, but then you are bringing back staff who are positive.

27. Q: So, are you saying that if we have a resident that test positive and they do not want to move to another room they can stay in their room, but what if they have a roommate that is negative?

A: You have to consider what you have available. If your building is full, what do you do? Do you have other positives and how will you navigate that? The HAI team has worked closely with many facilities related to this, so if you find yourself in this situation, reach out to HAI for discussion. You may also contact LTC for discussion.

**Visitation/Activities:**

28. Q: For family visits: since cloth masks have been drawn into question- should visitors be provided a surgical mask and/or higher when visitors are in building?

A: The guidance says the facility may provide the visitor with a surgical mask or higher. Follow your facility's policies and procedures. Please understand the higher rated masks (N95s) may require a fit-test and may not be appropriate at this time. Also consider your stock availability.

29. Q: We are currently in outbreak for Flu and COVID. What is the guidance on communal dining and group activities?

A: The guidance has not changed. This is situational. Think of ways you can keep everyone safe. Follow the Core Principles of masking, hand hygiene and distancing. Consider the



immunocompromised status of your residents. This does not allow you to roll back activities for all residents. If a resident is sick, they should not be in group activities, but be provided individual or one-on-one activities. Consider what your residents needs are.

30. Q: Is visitation still allowed at all times even if in contingency or crisis staffing?

A: Yes. CMS has not changed the guidance. Visitation is allowed.

**Miscellaneous:**

31. Q: We are required to report, "injury requiring treatment at a hospital". How is "treatment at a hospital" defined? If someone falls and we send them to ER and their imaging is negative for fractures and they get sent back to the NH, they didn't receive any "treatment", so that would not be reportable, correct?

A: 'Treatment' is reporting about what you know. If you want to err on the side of caution, consider what you saw and did. You sent that person out because you thought they might need treatment. It is easy to say they did not receive treatment, but that may not necessarily be true because you only know a part of the story. Consider the risk and if it is in your interest to report. However, you are correct that diagnostics are not treatments and are not reportable.

32. Q: Please tell me the fax number for the form 283 direct number. Is there a direct number that we can call into on the weekends to report COVID positives?

A: Form 283 is to be faxed to the tollfree 1.866.239.7553 number. On the 08/11/21 provider call, the following information was provided: "Acute Disease Services (ADS) has said if you have a COVID positive after hours or on the weekend, if you are reporting to LTC via the Form 283, there is no reason to place a phone call to ADS on the weekends and after hours. LTC does share the reports with ADS. If you have an infection prevention and control issue, you may still call them. We will be updating the Form 283 with this new guidance in the near future."

Here is the link to the updated Form 283 with the information to follow:

<https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/forms/ltc-form-odh-283-fillable-incident-report-form.pdf>

33. Q: We have not been able to log into NHSN since last Thursday. I reported this to NHSN, CMS and LTC.

A: Contact Jeneene Kitz at 405.426.8735 for assistance. You may also send an email to [LTC@health.ok.gov](mailto:LTC@health.ok.gov) and we will see it is forwarded to Jeneene.

34. Q: Are we still considering residents that have had 2 vaccinations fully vaccinated, or do they have to have a booster to be fully vaccinated?

A: CMS has not changed the definition at this time. “Fully vaccinated” refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine. CDC has a COVID-19 resource file with a webpage related to the [Omicron Variant: What You Need to Know](#) which contains information you may find beneficial.

35. Q: Telligen is supposed to come to our home in a few weeks. How scared should we be?

A: You should not be scared at all. Telligen is a great resource. They are the Quality Improvement Network (QIN) that has been selected by CMS. They have creative ideas and the flexibility to walk you through various regulatory requirements. Even if you are having difficulties, you will get to have a great discussion on where you are and on approaches to improve your processes. Embrace what they have to offer.

36. Q: What about flu? Is there a certain quarantine time off? All we discuss is COVID.

A: When it comes to the flu, you can consult with LTC, HAI, Acute Disease Services (ADS) or the epidemiologists. We are aware you face other concerns. We basically speak to COVID at this time because most of the questions are related to this.

37. Q: Is there any effort to combat staffing agency price gouging?

A: We are aware of this and numerous discussions are being held related to this topic.

38. Q: Is there a provision for a nurse that has claustrophobia and has breathing concerns when wearing a N95?

A: When someone is fit-tested, a medical clearance is required. If claustrophobia is an issue, they must discuss this with the tester or the physician providing the medical clearance. Look at other options, but know there is no substitution for the high complexity mask. Due to the individual’s medical condition, it does not mean they can walk into a highly contagious area with a surgical mask.

39. Q: Can you explain to me why you can test positive and negative at the same time?

A: We are not sure what you are asking. One example would be if you take a rapid test and test positive, but the PCR test is negative. You tested positive and negative, but the PCR would be the test that stands. You could have had a false positive with the rapid test. Or vice versa. The PCR is the more reliable test with the highest efficacy.



40. Micki Reyman at Telligen QIN-QIO shared the following information:

1. Telligen updates include upcoming Telligen Spotlight webinar:  
<https://www.telligenqinqio.com/event/long-term-care-spotlight-qaa-qapi-committee-leading-nursing-homes-back-to-the-future/>
2. Telligen initiative to support your good efforts: <https://www.telligenqinqio.com/blue-ribbon-for-vigilance-in-covid-19-preparedness/>
3. CDC's Project First Line resource:  
<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>
4. CMS Emergency Preparedness Plan: (including pandemic preparedness)  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>
5. Please feel free to contact me anytime for support! Email: [mreyman@telligen.com](mailto:mreyman@telligen.com) Phone: 405-810-3221

41. Dawn Jelinek from OFMQ shared the following information:

Oklahoma Dementia Care Network ECHO series 2 begins next week. Sessions take place on Wednesdays and Thursdays at 10:30am. To Register: <https://www.ouhealth.com/oklahoma-center-for-geroscience/healthy-aging-services/oklahoma-dementia-care-network-okdcn-/project-echo/age-friendly-nursing-home-echo/> Topics: Pay for Performance Program, Activities and Quality of Life for Dementia Residents, Monoclonal Antibody Treatment, Managing Behavior with Dementia Residents, Staff Retention presentation by Magnet Culture. Please join us for this educational opportunity.

**Dr. Frasier's final comments:**

Thank you, this has been a very good meeting. We have provided a lot of information; it is not our intent to overwhelm you. It is not missed on us what you have done and continue to do. It is not missed on us how hard and challenging this is. I think every opportunity we have we speak to the hurdles that you are contending with and you are to be commended on how gracious you have been in many instances. I want you to know we are advocating with CMS, we kind of lay ourselves on the line routinely in those discussions on your behalf. You really do have our respect and know we want the best, not just for you, but for the residents you take care of for all of us. We appreciate your hard work and everything that you do.

**Links provided in the Q&A chat box or in Q&A:**

BigCommerce - <https://okppe.mybigcommerce.com/>

CDC - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic - [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Ftesting-healthcare-personnel.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Ftesting-healthcare-personnel.html)

CDC - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC – Omicron Variant: What You Need to Know - <https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>

CDC – NHSN - FAQs on Reporting COVID-19 Vaccination Data - <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html>

CDC - NHSN - Weekly HCP & Resident COVID-19 Vaccination - <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

OFMQ - Oklahoma Dementia Care Network ECHO series registration: <https://www.ouhealth.com/oklahoma-center-for-geroscience/healthy-aging-services/oklahoma-dementia-care-network-okdcn-/project-echo/age-friendly-nursing-home-echo/>

#### OSDH Contacts:

Fax number for Form 283 submittal: 1-866-239-7553

Health Facility Systems (HFS) – Email: [HFS@health.ok.gov](mailto:HFS@health.ok.gov) in regards to information about waivers.

Phone: 405-426-8175 or Espa Bowen Email: [Espab@health.ok.gov](mailto:Espab@health.ok.gov) Webpage: <https://oklahoma.gov/health/protective-health/health-resources-development-service/health-facility-systems-.html>

Jeneene Kitz (HAI) – Phone: 405-426-8735

LTC – Phone: 405-426-8200 Email: [LTC@health.ok.gov](mailto:LTC@health.ok.gov)

MDS and PBJ assistance: [MDShelp@health.ok.gov](mailto:MDShelp@health.ok.gov)

Nurse Aide Registry – Email: [NAR@health.ok.gov](mailto:NAR@health.ok.gov)

OSDH – Form 283 - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/forms/ltc-form-odh-283-fillable-incident-report-form.pdf>

OSDH - ODH Form 958 Notice of Change: <https://www.oklahoma.gov/health/protective-health/health-resources-development-service/health-facility-systems-.html#:~:text=ODH%20Form%20958%20Notice%20of%20Change>



OSDH - Guidance and Protocol for Long-Term Care Facilities Experiencing Staffing Shortages due to the COVID-19 Public Health Emergency -

<https://healthokgov.app.box.com/s/o528il7sgzmlp7b4rtgjpf18aep1h1r>

OSDH – LTC COVID-19 Resources Provider Guidance webpage - <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources/provider-guidance.html>