

Questions & Answers
Nursing Facility/Skilled Nursing Facility/ICF-IID Provider Call

Wednesday, April 19th, 2023

1:00 PM – 2:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

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

1. Q: Will the staffing ratios change for Oklahoma? If so, when will we get the new guidance? If not new guidance, do we follow Oklahoma or CMS guidance on ratios? I read that CMS is changing the end of the year to have more RN/LPN coverage.

A: There has been lots of conversation related to the staffing ratios, but we have not received any specific guidance. On a state level, there have been no rules promulgated related to staffing changes. This does not mean that CMS will not impose a federal requirement. We will share any information we receive with you as soon as we get it.

2. Q: In regards to the extra precaution for exempt staff required by CMS, is COVID screening questions and a temp check for exempt staff prior to working sufficient?

A: This would be sufficient. If you see someone who is symptomatic and they have answered the questions “No”, you may want to do a little further investigating in order to protect the residents and other staff members from exposures.

[QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#) no longer references “Screening” and directs the reader to the CDC guidance below. There is nothing that says you have to continue screening a certain way. Consider what is happening in your facility and in your community. Consider what your policy looks like and does it align with CDC guidance.

The CDC guidance in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) was revised on 09/23/22 to clarify that screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility. It reads in part, **“Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection**

- *Ensure everyone is aware of recommended IPC practices in the facility.*
 - *Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand*

hygiene). Dating these alerts can help ensure people know that they reflect current recommendations.

- Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:
 - 1) a positive viral test for SARS-CoV-2
 - 2) symptoms of COVID-19, or
 - 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).
 - For example:
 - Instruct HCP to report any of the 3 above criteria to occupational health or another point of contact designated by the facility so these HCP can be properly managed.
 - The definition of higher-risk exposure and recommendations for evaluation and work restriction of these HCP are in the [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).
 - Provide guidance (e.g., posted signs at entrances, instructions when scheduling appointments) about recommended actions for patients and visitors who have any of the above three criteria.
 - Patients should be managed as described in Section 2.
 - Visitors with confirmed SARS-CoV-2 infection or compatible symptoms should defer non-urgent in-person visitation until they have met the healthcare criteria to end isolation (see Section 2); this time period is longer than what is recommended in the community. For visitors who have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at higher risk for transmission, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet any of the criteria described in Section 2 (e.g., cannot wear source control) ...”

The [Long-Term Care and Skilled Nursing Facility Attachment A- Revised](#) reads in parts, “§483.80(i)(3)(iii): Requires facilities to ensure those staff who are not yet fully vaccinated, or who have a pending or been granted an exemption, or who have a temporary delay as recommended by the CDC, adhere to additional precautions that are intended to mitigate the spread of COVID-19. There are a variety of actions or job modifications a facility can implement to potentially reduce the risk of COVID-19 transmission...”

NOTE: This requirement is not explicit and does not specify which actions must be taken... However, facilities can choose other precautions that align with the intent of the regulation which is intended to “mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated...”

3. Q: Are new admits required to quarantine for 10 days? Are covid positive residents still required to quarantine for 10 days?

A: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads in parts, “The following are criteria to determine when Transmission-Based Precautions could be discontinued for patients with SARS-CoV-2 infection and are influenced by severity of symptoms and presence of immunocompromising conditions...”

Patients with mild to moderate illness who are *not* moderately to severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Patients who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:

- At least 10 days have passed since the date of their first positive viral test...

Nursing Homes...

Empiric use of Transmission-Based Precautions is generally not necessary for admissions or for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings)...”

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) reads in parts, “The following are criteria to determine when HCP with SARS-CoV-2 infection could return to work and are influenced by severity of symptoms and presence of immunocompromising conditions...”

HCP with mild to moderate illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed *since symptoms first appeared* if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later...”

4. Q: Are there any COVID protocols or regulations that expire with the ending of the PHE (Public Health Emergency) on May 11?

A: We have received no additional updates from CMS except that the PHE will end on May 11, 2023. If we receive any further updates, we will share that information with you. The GovDelivery.coms are often used as the main way Long Term Care shares information with the facilities as soon as we receive it. If you have not signed up to receive the GovDelivery.coms, please send an email with your contact information to LTC@Health.ok.gov and we will get you signed up.

5. Q: Has masking changed for ICF/IID since most hospitals aren't masking anymore, or are we still required to mask if we have no positive cases?

A: Consider the County Transmission Level (red, orange, yellow, blue) for your community and what is happening in your facility. Are you in outbreak, or is something happening in the facility where the best practice would be to wear a mask? How are you protecting the residents and staff in your building? What does the facility's policy say? There is no one-size-fits-all answer.

[QSO-21-14-ICF/IID & PRTF Revised 06.03.2021 \(cms.gov\)](#) directs one to the CDC guidance numerous times throughout the document. Some of the links have been archived, or combined with other CDC webpages. Below is one of the new combined webpages which provides guidance on masking.

The CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads in parts,

"Implement Source Control Measures...

When SARS-CoV-2 Community Transmission levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.

- *HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and Community Levels are not also high. When Community Levels are high, source control is recommended for everyone.*

*When SARS-CoV-2 Community Transmission levels are **not** high, healthcare facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:*

- *Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or*
- *Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or*
- *Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or*
- *Have otherwise had source control recommended by public health authorities..."*

6. Q: Our facility is not CMS certified. How can we access Telligen's Emergency Preparedness Assessment?

A: You may go to the Telligen QI Connect website link:

<https://www.telligenqiconnect.com/resource/emergency-preparedness-assessment/>

Please feel free to contact Micki Reyman with any questions at mreyman@telligen.com.

7. Kerry Cudd asked to include the following information with the Q&As.

Nursing Home and LTC Facility Strike Team and Infrastructure Grant:

Project Coordinator – Kerry Cudd Email: kerryc@health.ok.gov Phone: 405.808.9217

If your facility has already signed up for the Respirator Fit Testing Grant activity and you have scheduled a class time with our vendor, please make sure you are confirming your class date/time. The vendor will be calling you the week before and a few days before to confirm. They will call the contact and number you provided when you signed up

Also, please make sure IF you need to cancel your appointment, change times or have any other concern to call the vendor and let them know. Our vendor is located in the OKC area and has made several trips taking 2-3 hours to find out the facility wants to reschedule. We are no longer rescheduling when this occurs due to the costs. This is why it is imperative for you to confirm your classes.

You can reach our vendor if you have questions at:

Rhea Health
Tai Kirk
405-440-2095

We still have spots available for you to signup if you have not already. You have several options. You can either follow the link or QR code provided below or email or call me directly. My contact information is listed below.

The QR code and link to the Learning Needs Assessment for Respiratory Fit Testing on the FAQ page that comes out following the provider calls. Also I would like to provide my contact information again on the page as well. I have included the link and QR code below.

Link for Learning Needs Assessment for Respirator Fit Testing: Enter this link into your URL <https://redcap.health.ok.gov/surveys/> and then you will be prompted to enter the following code: DD8M7X8MJ (code is not case sensitive)

Or

Open your camera and point at the QR code and click on the link which will pop up on your screen in yellow. The link will take you directly to the assessment.



Janene Stewart's final comments:

Thank you for joining us this afternoon. The PHE will be ending on May 11, 2023. We will keep you informed of any updates as we receive them.

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

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%2Flong-term-care.html

CDC - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 - [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

CMS - Long-Term Care and Skilled Nursing Facility Attachment A- Revised - [Long-Term Care and Skilled Nursing Facility Attachment A-Revised \(cms.gov\)](#)

CMS - Nursing Home webpage with download for Survey Resource Folder - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

CMS – QSO-20-39-NH rev. 09/23/22 - [QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#)

CMS – QSO-20-14-ICF/IID & PRTF rev.06/03/22 - [QSO-21-14-ICF/IID & PRTF Revised 06.03.2021 \(cms.gov\)](#)

OSDH – LTC Contacts:

Main phone: 405.426.8200

Email: ltc@health.ok.gov

Website: <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html>



OKLAHOMA
State Department
of Health

OSDH – LTC COVID-19 Resources webpage: <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/ltc-covid-19-resources.html>

Telligen QI Connect:

<https://www.telligenqiconnect.com/>

Emergency Preparedness Assessment - <https://www.telligenqiconnect.com/resource/emergency-preparedness-assessment/>

Contact: Micki Reyman Email: mreyman@telligen.com