



CABINET FOR HEALTH AND FAMILY SERVICES
Office of the Secretary

Andy Beshear
Governor

275 East Main Street, 5W-A
Frankfort, KY 40621
502-564-7042
502-564-7091
www.chfs.ky.gov

Eric C. Friedlander
Secretary

Provider Guidance Update: Reduction of Restrictions for Long Term Care Facilities
November 22, 2021

The current public health emergency has resulted in a rapidly changing environment. The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers.

This guidance is in alignment with guidance issued by the Centers for Medicare and Medicaid Services (CMS) in its

- “Nursing Home Reopening Recommendations for State and Local Officials, QSO-20-30-NH” (available at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>), as updated March 10, 2021; and
- “Nursing Home Visitation – COVID-19, QSO-20-39-NH” (available at <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

It is intended to offer clarifying information to facility-based long-term care providers (herein referred to as “Providers”) concerning the resumption of specified services and activities when the described conditions are met. The guidelines are based on what is currently known about the transmission and severity of COVID-19, as well as evidence demonstrating the effectiveness of COVID-19 vaccines in congregate settings – among residents, staff and visitors - to prevent the spread of COVID.

There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents of Long-Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19. Adherence to these guidelines can reduce the risk of transmission of COVID-19 but *will not eliminate* the risk to the LTCF’s residents, staff or visitors. By entering the LTCF, visitors are acknowledging the inherent risk of exposure to COVID-19 to themselves and to LTCF’s residents, staff and other visitors.

Key Updates to the November 1, 2021 Guidance

- Group Activities
- Communal Dining
- On-Site Visiting
- Visiting During a COVID-19 Outbreak
- Off-Site Travel

- Additional Sections:
 - Access to Long-Term Care Ombudsman
 - Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs
 - Entry of Healthcare Workers and Other Providers of Service
 - Survey Considerations

DEFINITIONS

CDC Guidelines: Reference materials available from the Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/> and specific extension sites listed at the end of this guidance.

Cleaning: Removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it decreases their number and therefore the risk of spreading infection.

Compassionate Care: Consistent with guidelines from the Centers for Medicare and Medicaid Services, available at: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Essential Caregiver: Resident’s family member, legal guardian, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the COVID-19 pandemic, who is designated as being important to the mental, physical, or social well-being of a resident in critical situations, as enacted per the 2021 Special Session of the KY General Assembly in HB-1 (available at: https://apps.legislature.ky.gov/SessionRecord/21RS/HB1/HB1_2626.pdf).

Fever: Registering a body temperature of at least 100° F, confirmed by an infrared thermometer. (Older or immuno-compromised adults can have a lower fever threshold.)

Guidance: Recommended course of action; not a regulation or directive.

LTCF: Congregate residential settings serving predominantly older or disabled adults, whether a Nursing Facility (NF), Nursing Home (NH), Intermediate Care facility (ICF), Intermediate Care Facility for Intellectually Disabled (ICF-IID), Personal Care Home (PCH), Assisted Living Community (ALC) or Family Care Home (FCH).

Physical Distancing (fka, Social Distancing): Maintaining a distance of at least six feet between people.

Source Control: refers to use of cloth face coverings or face masks to cover a person's mouth and nose to reduce the likelihood of transmission of infection by limiting the spread of respiratory secretions.

Symptoms – COVID-19: Fever, cough, shortness of breath, difficulty breathing, chills, rigors, headache, sore throat, fatigue, congestion or runny nose, muscle or body aches, change in sense of smell or taste, or gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.); See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

INFECTION CONTROL

If the Office of Inspector General (OIG) conducted a focused Infection Control survey since May 1, 2020 that resulted in a statement of deficiency concerning infection control, the Provider should receive written confirmation that its Plan of Correction has been accepted prior to resuming any of the services included in this guidance.

The Kentucky Department for Public Health (KDPH), Infectious Disease Branch’s “Healthcare-Associated Infection / Antibiotic Resistance (HAI/AR) Prevention Program” aims to eliminate and prevent HAIs and AR organisms in healthcare settings. A Provider can – and is encouraged to – receive consultation on infection control and prevention from the HAI/AR team of specialized health professionals. To better assist in the response to the COVID-19 pandemic, the department has recently added regional infection preventionists. Ten regional IPs work with Providers to help respond to and control the spread of COVID-19 in the healthcare setting. Find more information at: <https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/hai.aspx>.

GROUP ACTIVITIES

During planning for resumption or continuation of recreational and therapeutic group activities Providers should adhere to the guidelines set forth in QSO-20-39-NH (available at: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as revised November 12, 2021.

Additional Resource: “Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination” (available at: 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%2Finfection-control-after-vaccination.html).

COMMUNAL DINING

During planning for resumption or continuation of communal dining Providers should adhere to the guidelines set forth in QSO-20-39-NH (available at: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as revised November 12, 2021.

Additional Resource: “Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination” (available at: 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%2Finfection-control-after-vaccination.html).

ON-SITE VISITING

During planning for resumption or continuation of on-site visiting – indoors or outdoors - Providers should adhere to the guidelines set forth in QSO-20-39-NH (available at: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as revised November 12, 2021, which includes “Essential Personal Care Visitors,” (see Definitions, p.2).

When the federal guidelines call for applying a Provider’s county positivity rate, apply the relevant county incidence rate shown on the “Kentucky COVID-19 Current Incidence Rate Map,” (available at: <https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf> and updated on the 1st and 3rd Thursday of each month).

Additional Resource: “Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination” (available at: 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%2Finfection-control-after-vaccination.html).

- NOTE: Per the guidance referenced above, “Physical distancing and source control recommendations when either the patient/resident or any of their visitors are not fully vaccinated. The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.”

EXAMPLE: Regardless of a visitor’s vaccination status, he or she should wear a mask when traveling within the facility; a visitor who is not fully vaccinated should remain masked throughout the visit.

Other Considerations:

- Following the Indoor Visit: The Provider should encourage each visitor to monitor for symptoms associated with suspected COVID-19.
 - Anyone who visits and develops signs or symptoms of COVID-19 within 2 days after visiting should immediately notify the Local Health Department and the Provider.
 - The Provider should immediately screen the individual(s) who had contact with the indoor visitor for the level of exposure and follow up with its medical director and the resident’s primary care physician.
 - Compassionate Care: Decisions about a compassionate care visit should be made on a case-by-case basis by the Provider, consistent with CMS guidelines. Through a person-centered approach, a Provider should work with the resident, family members or representatives, caregivers and the Ombudsman program to identify the need for a compassionate care visit. **Compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident (vaccinated or unvaccinated).**
 - Compassionate Care and End-of-life care visiting within a resident’s room should call for the visitor to observe all appropriate precautions, consistent with CDC guidelines.
 - Other types of “Compassionate Care” are characterized by (but are not necessarily limited to):
 - A resident, who
 - a) was living with family before recently entering a nursing home, is struggling with the change in environment and lack of physical family support.
 - b) is grieving after a friend or family member recently passed away.
 - c) needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - d) used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
 - e) has an affinity for a familiar domestic pet and would likely benefit from engaging with it (single resident per pet visit).
 - Allowing a visit in these situations would be consistent with the intent of “compassionate care situations.”

VISITING DURING A COVID-19 OUTBREAK

Indoor Visiting: To safely and effectively facilitate indoor visiting during a COVID-19 outbreak, the Provider should adhere to guidelines set forth in

- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC, which is linked inside QSO-20-38 (<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>), and
- QSO-20-39-NH- (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

Outdoor Visiting: Outdoor visiting can and should be occurring when possible during a COVID-19 outbreak. To safely and effectively facilitate outdoor visiting during a COVID-19 outbreak, the Provider should adhere to guidelines set forth in:

- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC, which is linked inside QSO-20-38, and

- QSO-20-39-NH (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

OFF-SITE TRAVEL for any purpose should be carefully evaluated. There is an inherent risk of exposure to COVID19 in any place where people are present. Residents of Long-Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19. Provider should adhere to guidelines set forth in **QSO-20-39-NH** (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

NEW ADMISSIONS AND RE-ADMISSIONS

While it is ideal that newly admitted fully vaccinated patients and residents enter a non-quarantine area of the facility if asymptomatic and without known exposure to COVID-19, the Provider's distribution of available resident space might serve as a limiting factor. Key determinants for assigning a resident room for a fully vaccinated individual should include that he or she can effectively

- Avoid interactions with individuals who are currently in quarantine;
- Limit time in communal areas in the quarantine area;
- Follow source control protocols while receiving services; and
- Host visitors outside of a quarantined area.

ACCESS TO LONG-TERM CARE OMBUDSMAN

Provider should adhere to guidelines set forth in QSO-20-39-NH (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

FEDERAL DISABILITY RIGHTS LAWS AND PROTECTION & ADVOCACY (P&A) PROGRAMS

Provider should adhere to guidelines set forth in QSO-20-39-NH (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

ENTRY OF HEALTHCARE WORKERS AND OTHER PROVIDERS OF SERVICE

Provider should adhere to guidelines set forth in QSO-20-39-NH (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

SURVEY CONSIDERATIONS

Provider should adhere to guidelines set forth in QSO-20-39-NH (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>), as updated November 12, 2021.

COMMUNICATION

Prior to resuming the services addressed in this guidance memo, the Provider should:

- Communicate in writing with each resident and his/her responsible party about the Provider’s new policies and procedures regarding COVID-19; o Consider having the resident (or guardian) and visitor sign an acknowledgement form concerning
 - Receipt of this communication and agreement to abide by the new policies and procedures described; and
 - Acceptance of the risks associated with entering the facility, such as:
There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission and severity of COVID-19. Compliance with these policies and procedures will reduce the risk of transmission of COVID-19, but will not eliminate the risk to the residents, staff or visitors. By entering the facility, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, other residents, staff and other visitors.

- Communicate in writing with each employee about the Provider’s new policies, protocols and procedures regarding COVID-19.
 - o The CDC has developed several free posters in a variety of languages, available at:
<https://www.cdc.gov/coronavirus/2019-ncov/communication/printresources.html?Sort=Date%3A%3Adesc>

- Communicate in writing with the Long-Term Care Ombudsman about the Provider’s new policies, protocols and procedures regarding COVID-19 at <mailto:nhoa@ombuddy.org>.



Eric Friedlander
Secretary



Adam Mather
Inspector General



Victoria L. Elridge
DAIL Commissioner

ADDITIONAL RESOURCES

CDC COVID-19 Guidance:

- Retirement Communities and Independent Living – Plan, Prepare and Respond, at <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/>
- Risk-Assessment Guidance - Travel: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html/>
- Find a Vaccination Site, at: <https://www.vaccines.gov/search/>

OSHA Guidance on Preparing Workplaces for COVID-19, at <https://www.osha.gov/coronavirus/safework>

KY COVID-19 Info:

- OIG Resources for LTC Providers, at: <https://chfs.ky.gov/agencies/os/oig/dhc/Pages/cvltc.aspx>
- KY COVID-19 Updates, at: <https://govstatus.egov.com/kycovid19>