IDAHO DEPARTMENT OF

# HEALTH & WELFARE

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## INFORMATIONAL LETTER #2020-21

**DATE:** May 1, 2020

**TO:** LONG TERM CARE FACILITIES (LTC)

**FROM:** DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

**SUBJECT:** **QSO-20-28-NH-NURSING HOME FIVE STAR QUALITY RATING SYSTEM UPDATES, NURSING HOME STAFF COUNTS, AND FREQUENTLY ASKED QUESTIONS**

The CMS QSO-20-28-NH Nursing Home Five Star Quality Rating System updates, Nursing Home Staff Counts, and Frequently Asked Questions is being distributed to all Long Term Care Facilities in Idaho.

If you have any questions, please contact Belinda Day, RN or Laura Thompson, RN at 208-334-6626, option 2.

DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/lg

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-
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**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

**Ref: QSO-20-28-NH**

**DATE:** **April 24, 2020**

**TO:** State Survey Agency Directors

**FROM:** Director
Quality, Safety & Oversight Group

**SUBJECT:** Nursing Home Five Star Quality Rating System updates, Nursing Home Staff Counts, and Frequently Asked Questions

**Memorandum Summary**

- ***CMS is committed*** to taking critical steps to ensure America's nursing homes are prepared to respond to the threat of the COVID-19.
- **Nursing Home Compare website & Nursing Home Five Star Quality Rating System**: We are announcing that the inspection domain will be held constant temporarily due to the prioritization and suspension of certain surveys, to ensure the rating system reflects fair information for consumers.
- **Posting of surveys:** CMS will post a list of the surveys conducted after the prioritization of certain surveys, and their findings, through a link on the Nursing Home Compare website.
- **Nursing Home Staff:** CMS is publishing a list of the average number of nursing and total staff that work onsite in each nursing home, each day. This information can be used to help direct adequate personal protective equipment (PPE) and testing to nursing homes.
- **Frequently Asked Questions (FAQ)**: We are releasing a list of FAQs to clarify certain actions we have taken related to visitation, surveys, waivers, and other guidance.

## Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we have taken several actions to help control and prevent the spread of the virus.

## Nursing Home Compare Website & Five Star Quality Rating System

On March 23, CMS announced a new, targeted inspection plan designed to help keep nursing home residents safe in the face of the COVID-19 pandemic. The plan called for focused inspections on urgent patient safety threats (called "immediate jeopardy") and infection control. These targeted inspections allow CMS to focus inspections on the most urgent situations, so the

agency can get the information it needs to ensure safety, while not getting in the way of patient care.

Due to the March 23rd targeted inspection plan, there is a great shift in the number of nursing homes inspected, and how the inspections are conducted. This would disrupt the inspection domain of the Nursing Home Five Star Quality Rating System because many nursing homes that would normally be inspected, will not, thereby over-weighting and impacting the ratings of those facilities that are inspected. This could then potentially mislead consumers. Therefore, we will temporarily maintain and hold constant the health inspection domain of the rating system. Specifically, results of health inspections conducted on or after March 4, 2020, will be posted publicly, but will not be used to calculate a nursing home's health inspection star ratings. This action will start with the scheduled update to the Nursing Home Compare website on April 29, 2020. The surveys will be posted through a link on the front page of the Nursing Home Compare website in the upcoming months (as the survey data is finalized and uploaded).

Separately, to help facilities focus their efforts on protecting their residents from COVID-19, CMS has waived timeframe requirements for submitting resident assessment data (minimum data set (MDS)) and staffing data (Payroll-Based Journal (PBJ)) by certain deadlines. However, these waivers related to the timing of MDS and PBJ data submissions will not impact the updates to the quality measures and staffing domains that will be used for the April update of the rating system on April 29, 2020, because the underlying data for these domains is based on time periods that occurred prior to the COVID-19 crisis (e.g., prior to the Secretary declaring a Public Health Emergency on January 31, 2020). While these waivers will not impact the upcoming April update, CMS is monitoring the situation closely and is prepared to make appropriate adjustments to future updates in order to ensure facilities' ratings are fair and accurate, while still providing valuable information to consumers. CMS will communicate any changes with the stakeholders as soon as possible

**Nursing Home Staff and Resident Information**

Nursing homes are required to report direct care staffing information through the PBJ system (per 42 CFR 483.70(q)). To date, this information has been used to calculate staffing measures and staffing ratings for each nursing home. However, this information is also capable of supporting our response to the COVID-19 pandemic. Specifically, we are releasing information that shows the average number of staff each nursing home has onsite, each day (nursing staff and total staff), and aggregated by state and nationally. See section 2.3, Table 1 of the PBJ Policy Manual for a list of direct care staff this includes. This also include facilities' average census per day and total beds. For example, nationally, nursing homes have, on average:

- 41 different nursing staff and 60 different total staff onsite, each day.
- An average daily census of 87, and 107 total beds.

The information is based on data submitted for 2019 Calendar quarter 4 and may not reflect the actual conditions in facilities at the point in time used. However, we believe this information can be used to identify approximate facility needs, and help support local, state, and federal agencies' response to preventing and controlling the transmission of COVID-19. For example, this could be used to help state agencies where, and how much, personal protective equipment (PPE) and testing should be directed within their state. States can also work with facilities on their PPE needs based on facilities' use of the Centers for Disease Control and Prevention PPE Burn Rate Calculator.

Information on nursing home census is already available on the Nursing Home Compare website and in downloadable files. However, this is the first time information about the number of individual staff each facility has been made available. This action bolsters CMS' response to COVID-19 and reinforces our commitment to transparency. The information is available here.

**Frequently Asked Questions (FAQs)**

CMS has released several resources, guidelines, and tools over the last few months to help prevent and control the transmission of COVID-19. During this time, we have received many questions related to these materials. Therefore, we are releasing a list of FAQs to clarify some of the topics and content in the materials we've released. These topics include:

- Individuals entering and leaving nursing homes, such as visitation, the use of civil money penalty (CMP) funds for communicative devices, health care workers, and residents leaving for appointments;
- Surveys and the Infection Control Self-Assessment;
- Waivers of Federal Requirements; and
- Resident cohorting, separation, and admission, including admitting residents discharged from hospitals.

Please view the attached FAQ for information on these and other topics related to CMS' response to the COVID-19 pandemic.

**Contact:** For questions related to the Nursing Home Compare website & Five Star Quality Rating System, please email bettercare@cms.hhs.gov. For questions related to the FAQ, please email DNH_TriageTeam@cms.hhs.gov

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

**COVID-19 Long-term Care Facility - Frequently Asked Questions (FAQs)**
**April 24, 2020**

The Centers for Medicare & Medicaid Services (CMS) has endeavored to provide timely and actionable guidance to State Survey Agencies and nursing home providers as the health care system has been confronting the 2019 Novel Coronavirus (COVID-19). The purpose of this Frequently Asked Questions (FAQs) is to clarify guidance and provide stakeholders with additional information based on questions received on the following materials:

- Guidance on visitation and individuals entering and leaving nursing homes (March 13, 2020)
- Prioritization of Survey Activities (March 23, 2020)
- COVID-19 Guidance to State and local governments, and nursing homes (April 2, 2020)
- Waivers of Federal Requirements, including telehealth and cohorting (updated regularly)

We note that these answers, as well as the guidance and recommendations, cannot address every scenario that may occur across the country. It is incumbent upon nursing homes to comply with Medicare and Medicaid's essential health and safety standards to keep residents safe. It is also each nursing home's responsibility to work with individual patients and residents, along with their families and other caregivers and health care providers to support decisions that are best for that patient or resident. Each nursing home should use the information in this FAQs to make decisions based on the needs of each resident, the actions needed to prevent the transmission of the COVID-19, and the circumstances of each situation.

Note: The terms "nursing home" and "long term care (LTC) facility" are used interchangeably in this document, and both refer to a facility that is certified to provide Medicare skilled nursing facility (SNF) services, and/or Medicaid nursing facility (NF) services.

## Individuals Entering and Leaving Nursing Homes

1. **Q: Is a negative test for COVID-19 (SARS-CoV-2) required before a hospitalized patient can be discharged to a nursing home?**
   **A: No**. For patients hospitalized with COVID-19, decisions about discharge from the hospital should be based on their **clinical status,** the ability of the accepting facility to meet their care needs and the infection control requirements specified below. Decisions about hospital discharge are distinct from decisions about discontinuation of Transmission-Based Precautions.

   For patients with known or suspected COVID-19, decisions about discontinuing Transmission-based Precautions can be based on **either** a test-based or non-test-based strategy as outlined here. Test-based strategies are preferred but **not required** and might not be possible due to limitations on availability of testing.

If the patient **has not** met criteria for discontinuing Transmission-based Precautions, they should be transferred to a facility with the ability to adhere to infection prevention and control recommendations for the care of COVID-19 residents including placement in a unit or area of the facility designated to care for COVID-19 residents.

If the patient **has** met the criteria for discontinuing Transmission-based Precautions but **has** persistent symptoms (e.g., persistent cough), they should ideally be placed in a single room, be restricted to their room, and wear a facemask during care activities until they have returned to baseline or until 14 days after illness onset, whichever is longer.

If the patient **has** met the criteria for discontinuing Transmission-based Precautions and **does not have** persistent symptoms, they do not require additional restrictions.

Patients hospitalized for non-COVID-related illnesses whose COVID-19 status is not known can be transferred to a nursing home without testing. However, to ensure they are not infected, nursing homes should place them in Transmission-Based Precautions in a separate observation area or in a single room until 14 days have elapsed since admission.

We note that on April 2, 2020 CMS released "COVID-19 Long-Term Care Facility Guidance" which stated that, "patients and residents who enter facilities should be screened for COVID-19 through testing, if available." This language is meant to highlight that a test-based strategy is preferred when making decisions about discontinuing Transmission-Based Precautions for residents with COVID-19, but it is not a requirement to test residents prior to admission.

CMS wants to ensure that everyone who needs nursing home care after a hospitalization can be admitted to a facility that can meet their care needs. This also helps free up hospital beds so others can receive the acute care they need.

More information about preventing and controlling the transmission of COVID-19 can be found on the Center for Disease Control and Prevention (CDC) website for FAQs.

2. **Q: What else can nursing homes do to help residents stay connected to their family, friends, and loved ones?**
   **A:** We recognize that restricting visits can be very upsetting to residents and families. In addition to connecting residents with their loved ones, we will be requiring facilities to regularly inform families of the status of any COVID-19 infections in the facility. Facilities may also consider the following alternatives to in-person visits:
   a) Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.);
   b) Create or increase email listserv communications to update families;

c) Assign staff as primary contact to families for inbound calls, and conducting regular outbound calls to keep families up to date (e.g., a "virtual visitation coordinator"); and
d) Offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

Other examples of actions that facilities can take to help families or visitors connect with residents, or be aware of what's happening inside the facility, include:

- Virtual "office hours": Host conference calls, webinars, or virtual "office hours" at set times when families can call in, or log on to a conference line, and facility staff can share the status of activities or happenings in the facility. Also, family members can ask questions or make suggestions.
- Update websites: Update the nursing home's website to share the status of the facility, and include information that helps families know what's happening in the loved one's environment, such as food menus and activities that residents can do (while still practicing social distancing, such as crafts or painting).
- Assistive messaging: Staff reading emails from the family to the resident, helping residents send letters, emails or text messages with photos to their family, helping residents talk on the phone or video chat (e.g., Face-Time) with their family, or making e-cards writing or creating paper notes and cards that residents and families can send to each other.
- Nurse staffing information: Post daily nurse (including registered nurses, licensed practical nurses, and nurse aides) staffing information on websites or entrance doors, so families can see the staff available for their loved one. We note that per 42 CFR 483.35(g)(2)(ii)(B), the facility must post this information in a prominent place readily accessible to residents and visitors. Also, per 483.35(g)(3), the facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

We urge facilities to take strong efforts to facilitate connections with residents, families, friends, and loved ones. The CDC has also created a sample letter that can be sent to families to help explain the situation. We also encourage families and residents to work with the facility to identify actions that may be helpful to keep residents connected to their friends or loved ones. Resident or family councils can also work with facilities, and the friends and loved ones of residents to keep everyone connected.

Lastly, an important resource is the Long-Term Care Ombudsman Program. During this unprecedented pandemic, the Ombudsman program is reliant on facility staff assistance to obtain contact information of residents and their families. Ombudsman programs are a community resource and their outreach can help to calm fears by providing information and resources to residents, their families and facility staff. CMS encourages nursing homes to communicate regularly with the Ombudsman program and to call on the program when residents and their loved ones have questions or concerns.

3. **Q: Are there any resources available to help nursing homes facilitate virtual visits between residents and their families?**
   **A:** Yes. Civil money penalty (CMP) funds may be requested for programs that are used to purchase communicative devices, such as tablets or web-cams, to increase the ability for nursing homes to help residents stay connected with their loved ones. However, to ensure a balanced distribution of devices, applications to use CMP funds for this purpose are limited to purchasing one device per 7-10 residents with a maximum of $3,000 per facility. To apply to receive CMP funds for this purpose, please contact your state agency's CMP contact. To be considered for funding, each application must include the following information:
   - Name(s) of facility(ies) to receive devices (and CMS Certification Numbers (CCNs))
   - Total number of residents in facility(ies) (e.g., average daily census)
   - Type(s) of devices (brand and model)
   - Cost per device
   - Total number of devices requested
   - Total funds requested

   Applicants may also include request for reasonable accessories in their applications, such as screen protectors, and device covers (but the total cost for devices and accessories must remain under $3000). These devices can also be used to help residents attend telehealth visits with practitioners. CMS recently released a Telehealth Toolkit to help nursing homes facilitate these visits. We remind facilities that devices should be cleaned and disinfected between each use.

   Note: CMS wants to ensure states maintain an adequate amount of CMP funds to be used in emergency situations, such as emergency evacuations. Therefore, some states may not be able to fund communicative devices for all, or some facilities. Furthermore, approval of proposals to use CMP funds for other purposes may be temporarily suspended during this public health emergency. We are monitoring the situation closely and will communicate any changes as soon as possible. For questions related to CMP fund use, please contact your state agency's CMP contact. For other information about CMP fund use, please see the CMS CMP Reinvestment Program website.

4. **Q: The CMS memorandum (QSO-20-14-NH (Revised)) states that visitation should be allowed in "certain compassionate care situations, such as an end-of-life situation." What is an example of a "compassionate care situation"?**
   **A:** The memorandum intends to provide general guidance on how to limit visitation as much as possible, while also acknowledging that there are times when visits should be allowed. We encourage frequent communication among patients, residents, families, facilities, and other health care providers when appropriate (e.g., hospice providers), so they can work together to identify when a visit for compassionate care is needed, and can be safely conducted. One example of such a situation is one in which a resident is receiving hospice care and their health status is sharply declining, or when a resident is not enrolled in hospice, but their

health status has sharply declined. In these circumstances, it is necessary to ensure precautions are taken to conduct visits as safely as possible, including following practices for hand hygiene and use of PPE.

Again, CMS understands the potential for strain and anxiety upon patients, residents, and families, introduced by restricting visitation. However, we believe that temporary restrictions, however uncomfortable, are vital to safeguard the health and wellbeing of these vulnerable Americans. Unless it is absolutely necessary to go into a nursing home, people should not. Furthermore, individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). In these situations, we urge nursing homes to offer telephonic or digital means of communications.

5. **Q: Why are visitors restricted from entering nursing homes?**
   **A:** CMS understands that nursing home residents derive incredible value from regular visits from families and friends. However, CMS, in consultation with infectious disease experts at the CDC with on-the-ground experience have concluded that, due to the age and health status of most nursing home residents, these individuals are at an extremely high risk for serious illness, hospitalization, and death if infected. Therefore, it is **critical** for nursing homes to restrict visitation and the entry of non-essential individuals.

   On March 13, 2020, CMS released memorandum QSO-20-14-NH (Revised) informing all nursing homes nationwide on guidance to restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as end-of life.

6. **Q: What type of health care workers are allowed to enter a nursing home?**
   **A:** The CMS memorandum (QSO-20-14-NH (Revised)) states that health care workers who do not work in a nursing home, such as hospice workers, surveyors, Emergency Medical Services (EMS) personnel, or dialysis technicians, should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should screen health care workers based on this CDC guidance with exceptions made for urgent entry to deliver emergency care (e.g., EMS) so they can attend to the emergency without delay. We note that the memorandum does not (and cannot) describe every type of service, person, or scenario that may exist in facilities. There are likely other types of health care workers that can be permitted to enter the facility (e.g., lab technicians, radiology technicians, home health nurses, etc.). However, CMS cannot and should not dictate every situation in which a provider could enter a nursing home, because, again, such decisions should be made by nursing homes in consultation with patients, residents, family members, and the other health care provider.

   To determine if a health care worker should enter the facility, facilities should evaluate their residents' needs, the services needed to meet those needs, and the individuals who provide those services. Facilities should also ensure that the precautions needed to prevent COVID-

19 transmission will be available for any individual that enters the facility (e.g., PPE availability). In other words, there is not a blanket approval for all health care workers to always be allowed to enter. Similarly, CMS has not enacted a blanket ban on any type of health care worker. On a case by case basis, facilities should permit a health care worker to enter by determining if the services they provide are essential to continue, need to be discontinued or postponed, or can be done remotely. Note, due to the risk COVID-19 poses to nursing home residents, we recommend facilities only continue critical services, and only allow individuals who are essential to provide those critical services into the facility.

CMS also encourages the use of telehealth, so residents can be seen virtually by their practitioner. We recently released a nursing home telehealth toolkit that facilities may find helpful.

7. **Q: The CMS memorandum (QSO-20-14-NH (Revised)) states that "non-essential health care personnel" should be restricted from entering the building. Who are "non-essential health care personnel"?**
   **A:** Similar to the guidance for health care workers in the response to the question above, facilities, in consultation with patients, residents, family members, and the other health care provider, should evaluate their residents' needs, the services necessary to meet those needs, and the individuals who provide those services. Facilities should also ensure that an individual is allowed to enter the facility only if the precautions needed to prevent COVID-19 transmission are available. On a case by case basis, facilities should base their decision to permit an individual to enter by determining if the services they provide are essential to continue, need to be discontinued or postponed, or can be done remotely. Note, due to the risk COVID-19 poses to nursing home residents, we recommend facilities only continue critical services, and only allow individuals who are essential to provide those critical services into the facility. For example, if repairs are needed, and the repair is critical for residents' health and safety, facilities should seek a means to accomplish the repair while taking the necessary precautions to prevent the spread of COVID-19.

   Reminder: Individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time.

8. **Q: Can residents leave the nursing home for an appointment or outside activity?**
   **A:** Facilities should consider the necessity of the appointment to the resident's health, and whether it is critical for the resident to attend the appointment. If the appointment is not critical, it is recommended that the appointment be deferred to a later date or be accomplished virtually, if the resident agrees. Decisions and any concerns about keeping or postponing the appointment should be discussed with the resident, resident representative, and the resident's physician. If attending the appointment is necessary, the facility should help arrange for the resident to attend the appointment by taking precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment). Also, the facility should monitor the resident upon return for

fever and signs and symptoms of respiratory infection for 14 days after the outside appointment (preferably in a space dedicated for observation of asymptomatic residents).

With regard to outside activities, the CMS memorandum (QSO-20-14-NH (Revised)) states that facilities should cancel "all group activities such as internal and external group activities." This means there should be no group activities occurring outside or inside of the building, due to the risk of transmission.

CMS also encourages the use of telehealth, so residents can be seen virtually by their practitioner.

9. **Q: If a resident must be transported to an appointment outside of the nursing home, what information should I share regarding suspected or confirmed COVID-19 status of residents in my nursing home?**
   **A:** For medically necessary appointments outside of the nursing home, such as dialysis, it is imperative that facilities share, prior to that appointment, if the resident is suspected of, or has tested positive for COVID-19 with both the transportation service, as well as with the entity with whom the resident has the appointment.

10. **Q: What if a resident wants to leave the nursing home against medical advice?**
    **A:** It is unlawful for a facility to detain and stop a resident from leaving the facility if the resident wishes to leave. Because of the risks of transmission of COVID-19, facilities should strongly discourage residents from leaving the facility and follow the guidelines released by local or state jurisdictions. If a resident insists on leaving against medical advice, the facility must allow them to leave, should encourage them to wear a facemask while out in the community, discuss the importance of handwashing, offer hand sanitizer if available, and document in the resident's medical record how the facility discouraged leaving and explained the risks of leaving to the resident and/or resident representative.

    For a resident who leaves and intends to return, the facility should monitor the resident upon return for fever and signs and symptoms of respiratory infection for 14 days (preferably in a space dedicated for observation of asymptomatic residents), and implement the necessary Transmission-Based Precautions if the resident develops fever or signs and symptoms of respiratory infection. For residents the facility is considering discharging, the facility must follow the regulations at 42 CFR 483.15(c) (unless otherwise waived).

## Waivers of Federal Requirements

11. **Q: What Federal requirements are waived as a result of the COVID-19 pandemic?**
    **A:** On Friday, March 13, 2020, the President declared a national emergency, which enabled the Secretary to authorize waivers or modifications of certain Requirements for Participation pursuant to section 1135 of the Social Security Act (the Act). Such waivers or modifications permit facilities to take different actions to address issues specific to the emergency, that

otherwise wouldn't be allowable. For example, waiving requirements to allow physicians to see residents via telehealth instead of in person, can help prevent the spread of a communicable disease while still allowing residents to receive care. Similarly, waiving some requirements for data reporting can help facilities focus on patient care, instead of administrative tasks.

In general, CMS provides two types of waivers:

1. Blanket waivers, where requirements are waived for one or more types of providers or suppliers nationwide; and
2. Individual waivers, where requirements are waived based on specific requests (e.g., from a state or specific provider)

CMS expects nursing homes to utilize waivers only for their expressed intent. For example, if CMS has waived requirements for duties that are typically performed by administrative or non-direct care staff, we expect providers to reallocate these staff to perform other duties that support resident care and well-being.

For approved waivers, please see the following website: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

Additional information regarding 1135 waivers may be found here: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers

For questions related to 1135 Waivers, please email: 1135waiver@cms.hhs.gov

For information about policy exceptions and extensions for upcoming measure reporting and data submission deadlines, see https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting.

## Resident Cohorting, Separation, and Admission

**12. On April 2, 2020, CMS recommended nursing homes work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status. How can a certified LTC facility separate (i.e., cohort) residents in their facility, or in other certified or noncertified facilities?**

**A:** There are a few scenarios that can occur for cohorting. Facilities should first dedicate space to care for residents with confirmed COVID-19, such as a dedicated floor, unit, wing, or other facility (as explained below). In addition, facilities should create a plan, which could include placement in separate observation areas or in single rooms, for:

- New admissions and readmissions whose COVID-19 status is unknown.

- Residents who develop symptoms prior to being diagnosed with COVID-19.

For questions about cohorting COVID-19 patients in nursing homes, facilities should consult with their local or state health department.

CMS issued waivers to make it easier for facilities to cohort residents. The waivers for cohorting are summarized below, but providers should also view the full list blanket waivers found here:

In-facility cohorting:

- A certified LTC facility may change residents' rooms to form the cohorts listed above. This could be done by cohorting residents in a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit.
- A certified LTC facility may also move residents to another area within their existing certified facility by adding beds to areas not typically used as resident rooms, such as a conference or activities room. A facility does not need to get approval from CMS to do this. However, facilities should contact their state to receive approval and for any bed licensure questions.

Inter-facility cohorting:

- Two or more certified facilities may agree to transfer or discharge residents between them for the purposes of cohorting. Facilities do not need additional approvals to do this, and each facility can bill Medicare or Medicaid for the residents that are transferred to their facility.
- One or more certified LTC facilities may transfer residents to a non-certified location, and where residents must be cared for by the transferring LTC facility's staff. The non-certified location must be approved by the state to ensure the location sufficiently addresses the safety and comfort for patients. Reimbursement remains with the LTC facility caring for patients in the new location. This location could be utilized by multiple LTC facilities, providing care with their own staff. Also, LTC facilities may pay the non-certified location "under arrangement" for providing services to the transferred residents.
- Residents may be transferred by Order of Governmental Authority (e.g., FEMA) to a Federal/State run facility staffed with Federal or State personnel. LTC facilities receive no reimbursement for residents transferred to these facilities.

A depiction of these scenarios can also be found here.

13. **Q: Are there exceptions to the waivers of the Federal requirements for transferring and discharging residents?**
**A:** Yes, there are several exceptions for these waivers. For example, these waivers only apply for the purposes of cohorting residents to prevent the transmission of COVID-19. They are not allowed for any other purpose. Also, when transferring or discharging residents

between certified or noncertified LTC facilities, the transferring facility must receive confirmation that the receiving facility has agreed to accept each specific resident prior to transfer or discharge. Furthermore, we are only waiving the requirement for the written notice of transfer or discharge to be provided before the transfer or discharge. This notice must be provided as soon as practicable. For the full list of exceptions, please click here.

14. **Q: Communal Dining: Are all residents forced to eat in their room?**
    **A:** Residents are not forced to eat in their rooms. Residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart. We note that social distancing should be practiced at all times (not just while dining). We further note that eating in dining areas with appropriate social distancing **only** applies to residents **without** signs or symptoms of a respiratory infection, and **without** a confirmed diagnosis of COVID-19. Facilities should refer to CDC guidelines for managing residents with signs or symptoms of a respiratory illness.

## Surveys and Infection Control Self-Assessment

15. **Q: On March 23, 2020, CMS released a memorandum on "Prioritization of Survey Activities" (QSO memorandum 20-20-All). Can you summarize the intent of this memorandum?**
    **A:** During the COVID-19 pandemic, CMS is prioritizing the types of surveys that state and federal surveyors will conduct. Specifically, we are focusing our oversight to protect nursing home residents from the most serious types of noncompliance, called "Immediate Jeopardy." These are situations where residents are at risk for imminent danger for serious injury or death. This includes situations regarding resident abuse, or a nursing home's failure to provide the appropriate clinical care that is likely to cause serious harm to residents. We are also focusing on protecting residents from COVID-19 through a new survey that assesses a facility's infection control preparedness using the latest guidance from the CDC and CMS. This survey allows surveyors to focus on the critical items needed to prevent the spread of COVID-19. Surveyors are instructed to spend as little time onsite as possible, and review as much as possible offsite, such as a facility's infection control or emergency preparedness policies. If surveyors identify potential situations that may constitute immediate jeopardy during these focused surveys, they will investigate them. Otherwise, surveyors should not be spending time onsite investigating noncritical or routine issues.

    This survey prioritization, including the suspension of standard surveys, will continue until CMS provides notification of any changes or the PHE ends.

16. **Q: The CMS memorandum on the Prioritization of Survey Activities (QSO memorandum 20-20-All), including a new focused infection control survey process that facilities can use as a self-assessment form. What is CMS' expectation for the voluntary COVID-19 infection prevention and control self-assessment?**

**A:** If an onsite survey is conducted, surveyors may ask facilities for their self-assessment, but they will still conduct their own assessment using the focused survey process noted in the memorandum. Since several types of surveys have been currently suspended, the number of facilities that would normally be surveyed is limited. In light of this, we urge nursing homes to complete the self-assessment to help ensure they are prepared to prevent the transmission of COVID-19. State agencies may call facilities to ask if they've completed the self-assessment. CMS has also encouraged residents and families to ask the nursing home if they've completed the self-assessment, and what the results are.

17. **Q: Does the self-assessment count as an official survey?**
    **A:** No. The self-assessment is a way for nursing homes to prepare themselves to prevent the spread of COVID-19. Surveyors may call facilities to remind them to conduct the self-assessment, or ask for their results. While these results are not entered into the CMS system as an official survey, we urge nursing homes to conduct the self-assessment, and remind them that they are responsible for complying with essential health and safety standards to keep residents safe. CMS has also encouraged residents and families to ask the nursing home if they've completed the self-assessment, and what the results are.

18. **Q: Should nursing homes screen surveyors as they enter the building?**
    **A:** Nursing homes may screen state or federal surveyors prior to entering nursing homes, but as stated in the QSO-20-14-NH (REVISED) memo, "*CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.*"

19. **Q: Section four of the COVID-19 Focused Survey for Nursing Homes tool includes a probe under Infection Surveillance of: *"Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?"* Does this mean that blood pressure must be checked every shift on every resident?**
    **A**: Section four, infection surveillance, of the COVID-19 Focused Survey for Nursing Homes tool is referring to the surveillance required to identify cases of COVID-19 and does not necessarily require blood pressure monitoring of each resident in the facility on every shift. Individual resident assessments should be resident-centered, focused on the individual resident's current health status, and balanced on the need for assessment data with risk of disease transmission. Practitioners have the discretion regarding which residents require their blood pressure to be taken every shift. Facilities should designate vital sign equipment (including blood pressure cuff) to either individual residents or to specific wings or units, and

clean and disinfect appropriately according to the equipment and disinfectant manufacturers' instructions, using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant.