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Secretary

Provider Guidance:
Phased Reduction of Restrictions for Long-Term Care Facilities

March 11, 2021

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. The guidelines are based on what is currently known about the transmission and severity of COVID-19, as well as about the protection achieved through vaccination. Compliance with these guidelines can reduce the risk of transmission of COVID-19, but it *will not eliminate* the risk to the LTCF's residents, staff, or visitors.

This guidance replaces the Provider Guidance Updates concerning the phased reduction of restrictions for LTCFs issued on November 16, 2020 and February 19, 2021, but continues to emphasize the importance of maintaining infection prevention practices due to the ongoing risk of COVID-19 transmission.

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: Decisions about compassionate care visiting should be made on a case-by-case basis by the Provider, consistent with the guidelines offered by the Centers for Medicare and Medicaid Services, available at: <https://www.cms.gov/files/document/covid-visiting-nursing-home-residents.pdf>. Through a person-centered approach, a Provider should work with residents, families, caregivers, resident representatives, the Long-Term Care Ombudsman, and the Office of Inspector General (OIG) or Department for Aging and Independent Living (DAIL) to identify the need for compassionate care visits.

- End-of-life care visiting within a resident's room or apartment should expect the visitor to observe all applicable precautions, consistent with CDC guidelines.

- Other types of “Compassionate Care” include (but not necessarily limited to) a resident, who
 - a) was living with family before recently moving to the LTCF and is struggling with the change in environment and lack of physical family support.
 - b) is grieving after a friend or family member recently died.
 - 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).
 - f) is unable to receive a COVID-19 vaccination.
 - g) has been re-admitted following an acute care episode.
 - h) has a new physician’s order for an anti-psychotic, an anti-depressant or an appetite stimulant.
 - i) has symptoms of dementia or cognitive impairment that have dramatically intensified.
 - j) presents significant change in appearance, grooming or cognition during window or virtual visits - as reported by the visitor(s).
 - k) is no longer responding to loved ones during a window or virtual or visit.
 - l) has experienced a change in condition.
 - m) has a family member or caregiver who expresses anxiety or concern about prolonged separation from the resident.

Core Principles of COVID-19 Infection Prevention:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms of COVID-19 or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor’s vaccination status);
- Hand hygiene (use of alcohol-based hand rub is preferred);
- Face covering or mask (covering mouth and nose);
- Physical distancing at least six feet between persons;
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit;
- Appropriate staff use of Personal Protective Equipment (PPE);
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care); and
- Resident and staff testing conducted as required at 42 CFR § 483.80(h), as described in QSO20-38-NH (see p. 8)

Disinfecting: Using an EPA-registered disinfectant chemical according to the manufacturer’s directions. This process does not necessarily clean dirty surfaces, but is used to kill germs remaining on a surface after cleaning, thereby further reducing the risk of spreading infection.

Elective Off-Site Familial Visit: Off-site, single day or overnight visit with a resident’s family or support person(s).

Essential Off-Site Medical Appointment: Physician-ordered, off-site appointment for diagnostic or treatment services performed by a licensed health care provider, such as for dental or podiatric care, imaging services or renal dialysis; Provider should first try to utilize telehealth and alternate on-site options.

Facility-Onset COVID-19 Infection: COVID-19 infection that could reasonably be associated with interactions or exposures occurring within the facility. If there is strong and convincing evidence that an infection was acquired outside of the facility, then that COVID-19 infection would NOT be considered a facility-onset case. Examples:

- An individual has not worked within the facility for > 14 days and has a known community exposure; or
- There have been no recent cases within the facility and the individual has a household exposure.

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.)

Fully Vaccinated: at least 14 days following receipt of an FDA-authorized or approved COVID-19 vaccine – either both doses of a 2-dose regimen or one dose of a single-dose vaccine, per CDC guidelines available at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

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

LTCF: Long-Term Care Facility; congregate residential settings serving predominantly older or disabled adults.

- Medicare-Certified: Nursing Facility (NF)
- Non-Medicare-Certified: Nursing Home (NH), Intermediate Care Facility (ICF), Personal Care Home (PCH), Assisted Living Community (ALC) or Family Care Home (FCH).
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

PPE: Personal Protective Equipment, including but not limited to disposable gloves, gowns, face masks, face shields, or goggles.

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

Staff Extender: A health professional engaged in a resident’s care, vendor or contractor delivering goods or services, public agency personnel conducting official duties, such as the Long-Term Care Ombudsman, CHFS Office of Inspector General, or state or local departments of public health, public protection or emergency response.

Symptoms – COVID-19: Fever, cough, shortness of breath, difficulty breathing, chills, rigors, headache, sore throat, congestion or runny nose, muscle, or body aches, change in sense of smell or taste, or gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.); CDC definition available at: <https://www.cdc.gov/ndss/conditions/coronavirus-disease-2019-covid-19/case-definition/202>

INFECTION CONTROL

If the Office of Inspector General (OIG) conducted a focused Infection Control survey since March 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.

An Assisted Living Community can request assistance from the Department of Aging and Independent Living (DAIL) in preparing or modifying a COVID Preparedness Plan addressing the resumption of 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 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

Key determinants for deciding to resume recreational and therapeutic group activities, beginning March 15, 2021 for all LTCFs, should include considerations described by CMS in its QSO-20-39-NH, available at: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>.

Other conditions that a Provider should address in its plan for resuming recreational and therapeutic group activities include:

- 1) involving as many residents as can be accommodated meeting the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2);
- 2) limitations based on the status of COVID-19 infections in the facility; and
- 3) until further notice, excluding group activities at off-site locations.

COMMUNAL DINING

Key determinants for deciding to resume communal dining, beginning March 15, 2021 for all LTCFs, should include considerations described by CMS in its QSO-20-39-NH, available at: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>.

Other conditions that a Provider should address in its plan for resuming communal dining include:

- 1) involving as many residents as can be accommodated meeting the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2); and
- 2) limitations based on the status of COVID-19 infections in the facility.

Off-Site Travel

The risks and benefits of off-site travel should be discussed with all residents and caregivers.

- 1) **Community COVID-19 Incidence**: Off-site travel for any purpose other than an “Essential Off-Site Medical Appointment” (see Definitions, p. 2) is strongly discouraged for any resident in a facility located in a red county on the Kentucky Long-Term Care COVID-19 Indicator (Tier III – 25-or-more average daily cases per 100,000 population), available at: <https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf>, which is updated on the 1st and 3rd Thursdays each month.
- 2) **Vaccination Status**: The Provider should advise the resident that there is some level of risk associated with leaving the LTCF - even if vaccinated - and that exposure to someone who is infected may have a negative consequence (e.g., infection, quarantine or other undesirable outcomes). Although being fully vaccinated will decrease the risk of infection and severe outcomes, it will not eliminate *all* risk. All prevention measures should continue, including placing in quarantine any resident if there is a known exposure to someone with COVID-19.
- 3) Resident should agree to:
 - a) Wear a mask; and
 - b) Wash (or sanitize) hands before, during and after the appointment.
- 4) Staff should:
 - a) (essential medical appointment): verify physician’s order.
 - b) Arrange/verify safe transportation, consistent with CDC guidelines available at: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html>.

- c) Upon Return:
 - i. Greet resident upon return and escort resident to room.
 - ii. The Provider's policies and procedures for admitting a new resident should be applied, consistent with the Provider Guidance available at: <https://chfs.ky.gov/cv19/LTCAdmissionDischardXferGuidanceMemo.pdf>
Exceptions include:
 - 1. Returning resident who is fully vaccinated does not require 14-day quarantine unless there is a known exposure to someone with COVID-19;
 - 2. (Essential Medical Appointment) Frequent off-site visits by a resident receiving ongoing care outside the LTCF (e.g., renal dialysis). These individuals do not require 14-day quarantine if there is confidence in adherence to the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2) during transport and the visit; or
 - 3. Compassionate Care (see Definitions, p.2) situations.
- 5) Transport:
- a) Resident and driver (and accompanying person(s), if other than driver) should:
 - i. Be screened;
 - ii. Wear a mask; and
 - iii. Wash (or sanitize) hands before, during and after travel.
 - b) Staff should adhere to the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2);
 - c) Provider should consider additional limitations based on status of COVID-19 infections in the facility.
 - d) (If Provider-operated vehicle) Disinfect frequently touched surfaces in the vehicle between trips with an Environmental Protection Agency (EPA) registered disinfectant. (Recommended Resource: CDC Guidelines for Disinfecting Transport Vehicles, available at): <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

INDOOR VISITING

The Provider should develop a plan for facilitating indoor visiting any resident (regardless of the resident's vaccination status), except when visiting should be limited due to a high risk of COVID-19 transmission. Compassionate care visits, and visits required under federal disability rights law, should be allowed, regardless of a resident's vaccination status, the county's COVID-19 incidence rate, or an outbreak. By entering the LTCF, visitors acknowledge the inherent risk of exposure to COVID-19 to themselves and to LTCF's residents, staff, and other visitors. Additional relevant resources are included on page 8.

Key determinants for deciding to resume limited indoor visiting at a LTCF, beginning March 15, 2021, should include the guidance offered by CMS in its QSO-20-39-NH, available at:

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>, with the following considerations:

- 1) County COVID-19 Status: the applicable map is the Kentucky Long-Term Care COVID-19 Indicator (red = Tier III, which is 25-or-more average daily cases per 100,000 population) – available at: <https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf>, updated on the 1st and 3rd Thursdays each month.
- 2) Indoor Visiting During a COVID-19 Outbreak: An outbreak exists when a new facility onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). The Provider should adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with

symptoms, and outbreak testing. Follow CMS guidance addressing how visiting can occur when there is an outbreak; there is evidence that the transmission of COVID-19 is contained to a single area of the facility, according to QSO-20-39-NH (see p. 8).

- 3) ICF-IID: follow CMS guidance QSO-21-14-ICF/IID & PRTF, “Visiting at Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment Facilities (PRTFs) - Coronavirus Disease -2019 (COVID-19),” available at: <https://www.cms.gov/files/document/qso-21-14-icf-iid-prtf.pdf>
- 4) **NOTE:** A fully vaccinated resident can choose to have close contact (including touch) with his/her visitor while wearing a well-fitting face mask and performing hand-hygiene before and after; the visitor should physically distance from other residents and staff.

Any indoor visitor who is unable to adhere to the Provider’s visiting policies and procedures should not be permitted to visit or asked to leave.

OUTDOOR VISITING

The Provider should develop a plan addressing the services included in this guidance memo; additional relevant resources are included on page 8. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident’s health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. By entering the LTCF’s property, visitors acknowledge the inherent risk of exposure to COVID-19 to themselves and to LTCF’s residents, staff, and other visitors.

Key determinants for deciding to resume limited indoor visiting at a LTCF, beginning March 15, 2021, should include the guidance offered by CMS in its QSO-20-39-NH, available at:

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>, with the following considerations:

- 1) County COVID-19 Status: the applicable map is the Kentucky Long-Term Care COVID-19 Indicator (red = Tier III, which is 25-or-more average daily cases per 100,000 population) – available at: <https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf>, updated on the 1st and 3rd Thursdays each month.
- 2) Provider should designate an outdoor area that is accessible, safe, and comfortable with appropriate protection from overexposure to the sun, inclement weather conditions or poor air quality, and offers an adequate degree of privacy.
- 3) **Recommend:** Civil Monetary Penalty (CMP) Fund Grants of up to \$3,000/facility are available to enhance visiting environments, available at: <https://chfs.ky.gov/agencies/os/oig/Pages/cmpfunds.aspx>

NOTE: Any outdoor visitor who is unable to adhere to the Provider’s visiting policies and procedures should not be permitted to visit or be asked to leave.

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

- 1) Section 483.10(f)(4)(i)(E) and (F) requires the Provider to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency

responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).

- a) P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probably cause to believe the incidents occurred.” 42 U.S.C. § 15043(a)(2)(B).
 - b) Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR 51.42(c); 45 CFR 1326.27.
- 2) Each Provider must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).
- a) Example: If a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the Provider must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions.
 - b) This would not preclude the Provider from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.
- 3) The Provider should establish policies and procedures for residents to safely accept gifts or packages.

COMMUNICATION

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

- 1) Each resident and his/her responsible party about the Provider’s new policies and procedures regarding COVID-19;
- 2) Each employee about the Provider’s new policies, protocols and procedures regarding COVID-19; the CDC has developed several free posters in a variety of languages (See p. 8); and
- 3) The Long-Term Care Ombudsman about the Provider’s new policies, protocols and procedures regarding COVID-19 at nhoa@ombuddy.org.

Consider having the resident (or guardian) and visitor sign an acknowledgement form concerning

- 1) Receipt of this communication and agreement to abide by the new policies and procedures described; and
- 2) Acceptance of the risks associated with entering the facility, such as the recommended language included in the sample visitor screening and attestation form (see p. 11).

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 long-term care providers.



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Adam D. Mather
Inspector General



Victoria L. Elridge
DAIL Commissioner

Additional Resources

CDC COVID-19 Guidance:

- 1) Retirement Communities and Independent Living – Plan, Prepare and Respond, at <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/>
- 2) Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
- 3) Considerations for Memory Care Units in Long-term Care Facilities, at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
- 4) Resources for Businesses and Employers, at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>
<https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>
- 5) Risk-Assessment Guidance, at: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html/>
- 6) Toolkit: People with Disabilities, at: <https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/people-with-disabilities.html>

CMS COVID-19 Guidance re: Visiting

- 1) QSO-20-38-NH: “Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool
<https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- 2) QSO-20-39-NH: “Nursing Home Visitation – COVID-19 – Revised 3/10/2021,” at <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>
- 3) QSO-21-14-ICF/IID & PRTF: “Visiting at Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment Facilities (PRTFs) - Coronavirus Disease - 2019 (COVID-19),” available at: <https://www.cms.gov/files/document/qso-21-14-icf-iid-prtf.pdf>

KY COVID-19 Updates:

- 1) State Resources and Information
<https://govstatus.egov.com/kycovid19>
- 2) Cabinet for Health and Family Services Resources for LTC Providers, at: <https://chfs.ky.gov/agencies/os/oig/dhc/Pages/cvltc.aspx>
- 3) Kentucky Long-Term Care COVID-19 Indicator (average daily cases per 100,000 population) – available at: <https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf> (updated on the 1st and 3rd Thursdays each month)

OSHA Guidance on Preparing Workplaces for COVID-19, at <https://www.osha.gov/Publications/OSHA3990.pdf>

Sample COVID-19 Visitor Screening and Attestation Form (next page)

SAMPLE VISITOR SCREENING and ATTESTATION FORM

*Our organization is committed to providing a safe and secure environment. We appreciate your commitment to protecting all who live, work, and visit here. 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, and agrees to follow the measures listed.***

I agree to:

1. Have my temperature measured upon arrival.
2. Wash My Hands frequently while I am here (and while I am not here). Example: before I leave one area and enter another, I will wash my hands with soap and friction (or with hand sanitizer if soap is not available).
3. While here (and when out in the community):
 - a. wear a mask or face covering, and
 - b. observe physical distancing.
4. Avoid :
 - a. individuals who have any of the following COVID-19 symptoms:

i. Feeling of fever	vii. Headache
ii. Cough	viii. Sore throat
iii. Shortness of breath	ix. Congestion or runny nose
iv. Difficulty breathing	x. Muscle or body aches
v. Chills	xi. Change in sense of smell or taste
vi. Rigors	
 - b. individuals who have been in a setting where COVID 19 cases have been confirmed.
 - c. gatherings of people.
5. Be accompanied by assigned staff to, from and during the visit, and to remain in the approved area(s).
6. Report, if after my visit I learn that I had, immediately prior to coming, contact with an individual with a suspected or confirmed COVID-19 infection, to [name of facility contact] at: _____-_____-_____- or _____@_____.____); or
7. Report, if I develop symptoms or am diagnosed with COVID-19 within two days (to the same facility contact in #7) and to the local health department (____ - ____ - ____).
8. Not visit here if I:
 - a. or someone in my household is ill or has been diagnosed with COVID-19.
 - b. have been in contact with anyone who is ill or has been diagnosed with COVID-19.

Signature _____ Date _____