

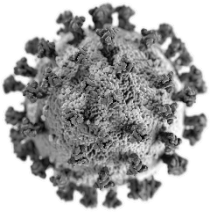
FAQs for Long Term Care and Assisted Living Facilities

September 2, 2020

Today's Overview



Updates & Resources



Use of Antigen Testing



Audience Q&A

Updates & Resources

- ▶ CMS Updates:
 - [CMS surveillance testing requirements](#) for nursing homes
 - CDC/CMS [targeted trainings](#) for frontline staff and management
- ▶ NH DPHS Updates:
 - Updated animal policy for LTCF

CMS Surveillance Testing Requirements

- ▶ CMS surveillance testing frequency updated:
 - Frequency is determined by county prevalence and should be monitored every other week (see [CMS data set for positivity rates](#))
 - This is mandatory for nursing homes
 - Optional for assisted living or other facilities
- ▶ CRSSSP will evolve to change frequency according to our reopen guidance

Finding County Positivity Rate in CMS Dataset

1. Open [CMS memo #38](#) from August 26
2. On page 4 under “Routine Testing of Staff” click the [link for CMS nursing home data set](#)
3. See “COVID-19 Testing” section
4. Click “Rates of county positivity are posted [here](#)”
5. An excel file will automatically download.

COVID-19 Testing

As part of CMS’ commitment to protecting nursing home residents, and to boost the surveillance of COVID-19, nursing homes are now required to conduct testing of residents and staff. More information about these requirements and guidelines can be found [here](#). These guidelines include testing staff on a certain frequency based on the COVID-19 positivity rate for the county the nursing home resides in. Rates of county positivity are posted [here](#). Facilities should monitor these rates every other week and adjust staff testing accordingly.

CMS Nursing Home Dataset Snapshot 9/2/20

Test_Positivity_Rates [Protected View] - Excel

File Home Insert Page Layout Formulas Data Review View Acrobat Tell me what you want to do...

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Er

10R x 7C X ✓ fx Belknap County, NH

	A	B	C	D	E	F	G
1901	Valley County, NE	31175	NE	Region 7	4,158	36.0%	Red
1902	Washington County, NE	31177	NE	Region 7	20,729	10.3%	Red
1903	Wayne County, NE	31179	NE	Region 7	9,385	12.8%	Red
1904	Webster County, NE	31181	NE	Region 7	3,487	0.0%	Green
1905	Wheeler County, NE	31183	NE	Region 7	783	<10 tests	Green
1906	York County, NE	31185	NE	Region 7	13,679	10.3%	Red
1907	Belknap County, NH	33001	NH	Region 1	61,303	0.2%	Green
1908	Carroll County, NH	33003	NH	Region 1	48,910	0.9%	Green
1909	Cheshire County, NH	33005	NH	Region 1	76,085	0.8%	Green
1910	Coos County, NH	33007	NH	Region 1	31,563	0.0%	Green
1911	Grafton County, NH	33009	NH	Region 1	89,886	0.2%	Green
1912	Hillsborough County, NH	33011	NH	Region 1	417,025	1.8%	Green
1913	Merrimack County, NH	33013	NH	Region 1	151,391	0.6%	Green
1914	Rockingham County, NH	33015	NH	Region 1	309,769	0.7%	Green
1915	Strafford County, NH	33017	NH	Region 1	130,633	0.2%	Green
1916	Sullivan County, NH	33019	NH	Region 1	43,146	0.4%	Green

Animal Policy

- ▶ NH DPHS has integrated allowances for therapy animals and companion animals as a part of the phased reopening guidance
- ▶ Service animals must be permitted to remain with their handlers in accordance with the Americans with Disabilities Act

Reopening Guidance – Phase 0

Phase 0: Facilities with outbreak*	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care only
Non-essential personnel	No non-essential personnel
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	No communal dining
Group activities	No group activities
Testing	Outbreak response testing
Animal Policy	No companion or therapy animals** permitted
<p><i>*outbreak status is determined by the investigator from the DHHS Congregate Settings Unit; however, per CMS, any facility with one or more case must change testing frequency</i></p> <p><i>**Service animals must be permitted to remain with their handlers in accordance with the Americans with Disabilities Act</i></p>	

Reopening Guidance – Phase I

Phase I: Facilities in counties with a prevalence of active COVID-19 cases of 50 cases per 100,000 population or fewer and are not in outbreak status

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Outdoor visitation
Non-essential personnel	No non-essential personnel
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	Limited communal dining with physical distancing
Group activities	Group activities limited* to no more than 10 people with masking and physical distancing, cohorting encouraged
Testing	Routine surveillance** testing – changes coming
Animal Policy	No companion or <u>therapy</u> animals permitted

**the number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents*

***surveillance testing is mandatory for nursing homes and optional for other facilities*

Reopening Guidance – Phase II

Phase II: Facilities who have met criteria for Phase I and have been operating successfully in Phase I for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Outdoor visitation Limited indoor visitation
Non-essential personnel	Allow limited number of non-essential healthcare personnel and contractors with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	Limited communal dining with physical distancing
Group activities	Group activities limited to no more than 10 people with masking and physical distancing, cohorting encouraged
Testing	Routine surveillance testing – changes coming
Animal Policy	<u>Therapy</u> animals allowed. No companion animals permitted.

Reopening Guidance – Phase III

Phase III: Facilities in counties with a prevalence of active COVID-19 cases of 10 cases per 100,000 population or fewer and have been operating successfully in Phase II for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Limited visitors allowed with social distancing and masks
Non-essential personnel	Allow non-essential healthcare personnel and contractors with additional precautions as determined necessary by the facility
Trips outside the facility	Some non-medically necessary trips permitted, based on risk of activity
Communal dining	Communal dining permitted with physical distancing
Group activities	Group activities permitted, including outings, with physical distancing, cohorting encouraged
Testing	Routine surveillance testing – changes coming
Animal Policy	Companion animals permitted under certain guidelines*. Therapy animals allowed.
* Animal must be healthy and never have been in household of a confirmed case, continuously restrained, prevented from any facelicking, residents and staff must perform hand hygiene after contact	

CMS/CDC Targeted Trainings

- ▶ Training for Frontline Nursing Home Staff
- ▶ Training for Nursing Home Management
- ▶ Instructions to access trainings:
<https://qsep.cms.gov/COVID-Training-Instructions.aspx>



Share your ideas and innovations!

- ▶ **Please share in the chat** how your facility has facilitated visitation for residents unable to wear masks!
- ▶ Spring Village at Dover showed us one way to utilize plexiglass



Antigen Testing

State Recommendations for Antigen Testing

- ▶ NH DPHS recommends evidence-based and EUA-compliant use of antigen testing compared to [CDC recommendations](#) (See [HAN #21](#))
- ▶ NH DPHS continues to recommend that antigen testing be used only in **symptomatic** individuals and advises against their use for screening or testing asymptomatic persons
- ▶ Use of antigen testing should ideally be within the maximum allowance from after symptom onset: see table in HAN #21
- ▶ Point-of-care tests are not automatically reported to NH DPHS. Providers must report all positive test results from point-of-care testing (including PCR- and antigen-based tests) by submitting a completed [COVID-19 Case Report Form](#).

Presumptive Negative Test Results

- ▶ Most point-of-care tests (e.g., for COVID-19, Strep, influenza, etc.) are limited by decreased sensitivity. Providers should use clinical judgement when deciding whether a negative result on a point-of-care test (either an antigen- or molecular-based test [e.g., Abbott ID NOW]) requires confirmation with a laboratory-based molecular (RT-PCR) test.
 - When testing is conducted early after symptom onset and suspicion is low for COVID-19 (e.g., community transmission is low, patient does not have an identified exposure risk for COVID-19, etc.), confirmation of a negative result may not be necessary.
 - Consider confirming any negative result in a symptomatic patient with a high suspicion for COVID-19 (based on risk factors, symptoms, etc.).

Submitted Questions

Finding County Prevalence per 100,000k

- ▶ How do facilities check county prevalence?
 1. Go to [DHHS COVID-19 Home Page](#)
 2. Scroll down and select [“Interactive Analytics” Dashboard](#)
 3. Select the tab that says “Interactive Map”
 4. Select the multiple choice option that says “Active Case Rate per 100,000 population”
 5. Look at the “County Map” and either (a) hover over your county to see the case rate or (b) select the download icon under “County Map” to see all county rates in an excel file

Overview

Trends

Interactive Map

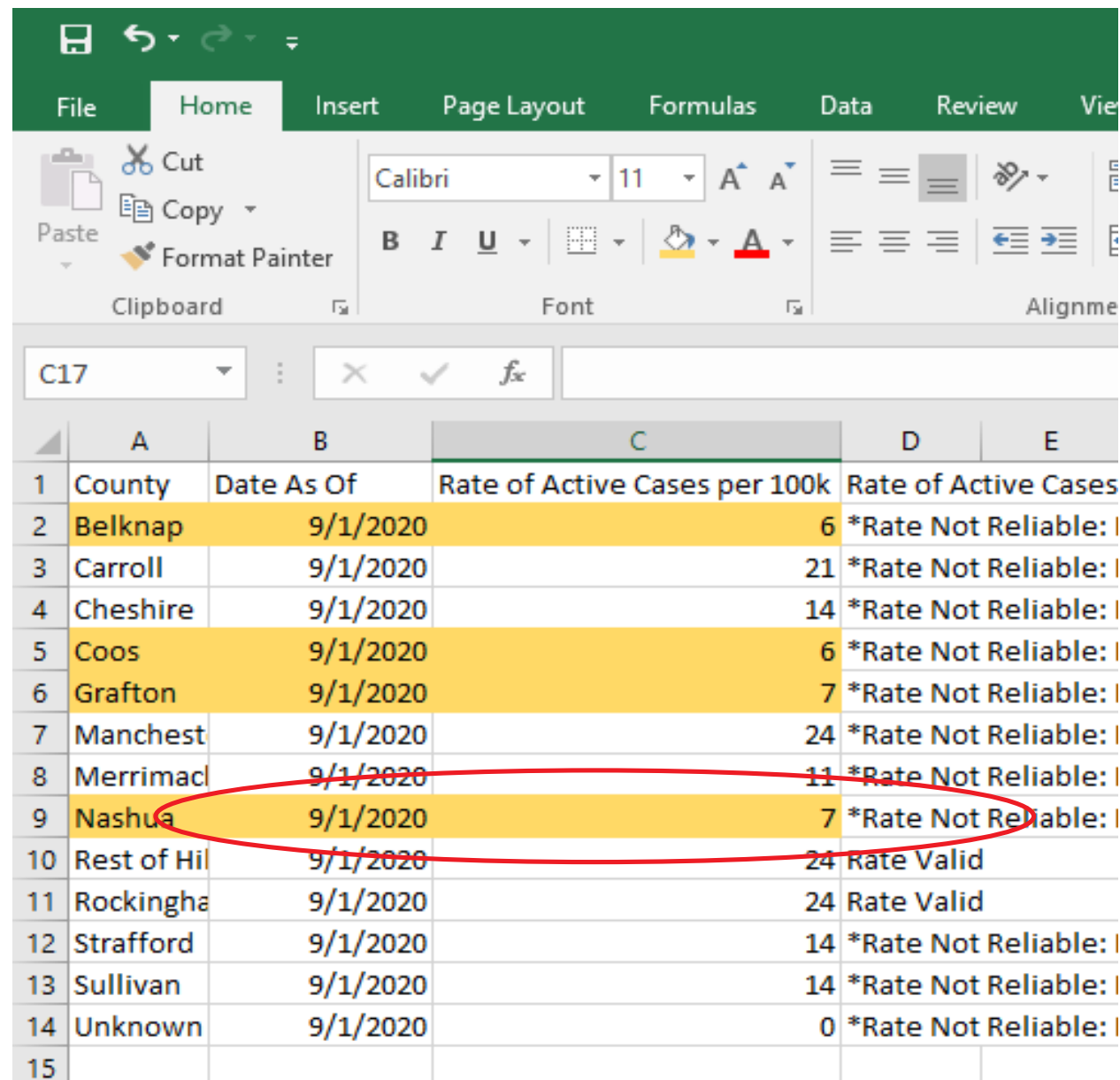
Interactive Equity

140 new cases of COVID-19 were announced in New Hampshire from August 25 to August 31. **22** cases were announced on August 31.



Current County Prevalence Snapshot

- ▶ Belknap, Coos, Grafton still eligible for Phase III
- ▶ Nashua is now also eligible for Phase III!



	A	B	C	D	E
	County	Date As Of	Rate of Active Cases per 100k	Rate of Active Cases	
2	Belknap	9/1/2020	6	*Rate Not Reliable: I	
3	Carroll	9/1/2020	21	*Rate Not Reliable: I	
4	Cheshire	9/1/2020	14	*Rate Not Reliable: I	
5	Coos	9/1/2020	6	*Rate Not Reliable: I	
6	Grafton	9/1/2020	7	*Rate Not Reliable: I	
7	Manchest	9/1/2020	24	*Rate Not Reliable: I	
8	Merrimacl	9/1/2020	11	*Rate Not Reliable: I	
9	Nashua	9/1/2020	7	*Rate Not Reliable: I	
10	Rest of Hil	9/1/2020	24	Rate Valid	
11	Rockingha	9/1/2020	24	Rate Valid	
12	Strafford	9/1/2020	14	*Rate Not Reliable: I	
13	Sullivan	9/1/2020	14	*Rate Not Reliable: I	
14	Unknown	9/1/2020	0	*Rate Not Reliable: I	
15					

Are there clear masks that are FDA cleared?



- ▶ Yes! The ClearMask is FDA cleared for use as a surgical mask
- ▶ No other clear masks have been FDA cleared yet and should be treated as cloth face coverings
 - Ex: SafenClear mask is FDA-registered, but not cleared, so it should be used as a cloth face covering

County Rates

- ▶ “Rockingham county has a prevalence rate of 27%, the new Ftag 886 states testing be completed twice weekly, How are facilities in compliance with testing every 10 days?”
 - Rockingham county test positivity rate, according to the CMS dataset, is 0.7%. For compliance with CMS testing rates, use CMS dataset.
 - Active case rate is 24/100,000 population. Make sure not to confuse case rate per 100,000k with test positivity rate.

Testing FAQs

- ▶ “When would it be appropriate for LTC facilities to start including staff who have had a previous + COVID status back into the grouping for surveillance testing?”
 - Now facilities can begin testing previously positive staff after 3 months since their positive test
- ▶ “Is it necessary to have new hires take a COVID test before starting or can they just fall into the next scheduled testing date for our staff? We have learned that testing sites are now charging at least \$25 per test and some as high as \$100, which is going to start adding up.”
 - There is no requirement to test new hires. You can incorporate them into your next testing cycle.

Outbreak Definition

- ▶ “CMS is identifying an "outbreak" as one positive result (either resident or staff) and is requiring 100% testing of both residents and staff. The current definition of an outbreak is different per Public Health. Will Public Health support 100% testing of residents and staff with one positive case?”
 - A single case does not necessarily move a facility to outbreak status (Phase 0). The Congregate Setting Investigation Unit will work with you to define an outbreak.
 - CMS requires full facility testing with even a single case. NH DPHS will support this testing in compliance with CMS guidance

Visitation

- ▶ “Is there any recommendation stating how often a supportive visitor (Ph 2) can visit? Can they come daily if they want to? We do require all visitors to call ahead and schedule their time slot so we don't have more than 1 visitor per floor at any given time.”
 - This is up to the facility’s discretion and capacity!
- ▶ “If a [visitor] self quarantines for 14 days than travels from outside of NE not using public transportation are they allowed outside visitation if pass the screening process?”
 - Yes. The visitor should attest to the fact that they quarantined at home and did not take public transportation.

Misc. FAQs

- ▶ “It is difficult enough having a resident from a LTC facility go out to an outside appointment, and then you have someone on dialysis who is going out 3 times a week for their treatment. There have been some articles stating that a large portion of the residents going to the dialysis center have brought COVID back into the nursing facilities. Can you speak upon this and its accuracy here in NH?”
- ▶ “In making plans to resume communal dining would it be permissible to have more than 1 resident on the elevator at a time?”
- ▶ “We have been provided guidance for the first 3 phases of re-opening, what can we expect for re-opening guidance following Phase 3? Some facilities should be able to progress on Friday, September 11.”

