

COVID-19 FAQs

Frequently Asked Questions

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SKILLED NURSING | COVID-19

WHO SHOULD BE TESTED FOR COVID-19?

- The Missouri Department of Health and Senior Services (DHSS) recommends following the [CDC guidelines](#) for who can be tested for COVID-19 in Missouri. Staff should use their judgment to determine if a resident has symptoms compatible with COVID-19 and whether they should be tested. COVID-19 testing for asymptomatic individuals through any laboratory is not recommended.
- The symptoms for COVID-19 are fever, cough and/or difficulty breathing. The [CDC](#) and [DHSS](#) have made recommendations about who is at highest priority for testing. At this time, a physician or practitioner's recommendation is required for testing. We strongly encourage you to communicate with the residents' personal care physician regarding testing.
- Testing for COVID-19 is available through the Missouri State Public Health Laboratory (SPHL) as well as commercial clinical laboratories.
- Clinicians who wish to submit specimens to the SPHL must submit a Missouri Patient Under Investigation (PUI) and Case Report Form and a Virology Test Request for each approved patient. To request testing through the SPHL, call the DHSS Hotline at 877-435-8411.

If a staff member shows symptoms: Have them put on a mask and go home immediately.

If a resident shows symptoms: Implement droplet precaution procedure, move them to an isolated room, and contact your local health department.

Resources:

- [Risk Groups to be Approved for COVID-19 Testing by DHSS](#)
- Information on COVID-19 Testing by the [Missouri State Public Health Laboratory](#)

WHAT ARE REPORTING REQUIREMENTS FOR COVID-19?

Healthcare providers must report suspected or confirmed cases of COVID-19 to their local health department and to the DHSS Regional Manager.

Resources:

- Contact information for each [Long Term Care Region](#)
- A list of Missouri local public health departments can be found [here](#).

WHAT SHOULD I DO IF I HAVE A RESIDENT WITH COVID-19?

When a resident develops COVID-19 in your facility, there are steps you can implement that may be able to limit the spread. There are four steps to take to minimize the spread:

1. Isolate
2. Minimize contacts with all residents
3. Increase transmission-based precautions
4. Increase monitoring of residents and staff

These action steps should be taken as the facility becomes aware a resident has COVID-19 in your facility.

Resources:

- [What to Do When COVID-19 Gets Into Your LTC Facility](#)
- [Missouri Interim Guidance for LTC Facilities with Confirmed COVID-19 Cases](#)
- [QIPMO Guideline for Administrators and DONs](#)

WHAT PERSONAL PROTECTIVE EQUIPMENT DO WE NEED?

Personal protective equipment (PPE) shortages are straining the healthcare system nationwide. You can place a PPE order on the [DHSS website](#). While DHSS has limited supply quantities, they have prioritized hospitals, EMS and long-term care facilities in receiving orders. You need to work with your Healthcare Coalition Coordinators to complete the [SNS Ordering Form](#) as described in the [HCC Resource Request Procedure document](#).

Take stock of your personal protective equipment. If you are running low on supplies, or worried about running low, take these steps in this order:

1. Work to preserve your supply by adjusting your practices to conduct multiple activities per visit to an infected patient's room per the [CDC guidance](#).
2. Contact your [local healthcare coalition](#).
3. Contact the [Missouri Department of Health & Senior Services](#).



4. Contact your [local health department](#).
5. Contact local hospital(s) and other health care providers in your area about possibly sharing equipment.

Resources:

- [CMS Guidance on the Use of PPE](#)
- [CDC Guidance on Use of Masks, Gowns and Eye Protection to Conserve Supplies](#)
- [Sample Call for PPE Donations](#)
- [Beware of COVID-19 Scams](#)
- [Guidelines for Residents' Personal Laundry](#)

WHAT ARE THE VISITOR RESTRICTIONS?

Per the latest [CMS guidance](#), facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Visitors should be screened and facilities should require appropriate hand hygiene and PPE be worn.

Resources:

- [CMS Guidance on Visitor Restrictions](#)
- [CDC Guidelines for Restricting Access](#)
- [Infection Control Protocols Activated Poster](#)

Facilities should communicate through multiple means to inform individuals and nonessential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.

Resources:

- [Tips for Keeping Residents Engaged](#)

WHO IS CONSIDERED "ESSENTIAL HEALTH CARE PROVIDERS"?

The determination of "essential health care providers" is determined on a case-by-case basis. The goal of restricting visits in long term care facilities is to limit exposure, particularly given the high mortality rate for seniors and those with complicating conditions. According to the CDC, health care personnel who work in multiple locations may pose higher risk of transmission.

Hospice agencies and facilities need to work together to ensure resident needs are being met. These needs can hopefully be met by facility staff in coordination with offsite consultation and coordination with the hospice provider, such as virtual communications (phone, video-communication, etc.). During compassionate care situations, such as when end of life is imminent, facilities should ensure residents receive appropriate care and may allow hospice staff, including non-essential health care personnel (such as clergy, hospice social workers, etc.) access during this time. Decisions about when to allow visitation during these end-of-life situations should be well coordinated and made on a case by case basis.

Resources:

- [DHSS Guidance on Hospice in Long Term Care](#)
- [CDC Guidelines for LTC Facilities](#)
- [AHCA Guidance for Therapy Personnel](#)

SHOULD I RESTRICT ENTRY TO THE LTC OMBUDSMAN?

According to the CMS guidance, LTC Ombudsman programs are not on the list of entities with an exception to visit. Residents still have the right to utilize the Ombudsman program but in-person access should be restricted, except in compassionate care situations. However, facilities may review this on a case-by-case basis. Facilities need to facilitate resident communication (by phone, email, video conferencing with individual residents or Resident Council leadership, etc.) with the Ombudsman program or any other entity listed in [42 CFR § 483.10\(f\)\(4\)\(i\)](#).

Resources:

- [Long Term Care Ombudsman Program Frequently Asked Questions – COVID-19](#)

WHAT IF THE RESIDENT WANTS TO LEAVE THE FACILITY AND RETURN?

It is appropriate for facilities to ask residents not to leave the facility, unless for a necessary medical reason that cannot be addressed in the facility. For those insistent on taking residents out of the facility, [DHSS guidance](#) provides that:

- Only legally authorized persons may remove a resident from the facility;
- Prior to leaving, the facility should follow the discharge regulations to the extent possible so that the resident receives appropriate care while away from the facility;
- Upon leaving the facility, the resident, their legal representative, etc. should be given a written emergency discharge notice containing all the required elements; and
- Those persons taking the resident out of the facility are to be informed that the resident will not be permitted to return until the restrictions currently in place are lifted. When appropriate, residents may be required to obtain clearance from their medical provider which may include proof of a negative COVID-19 screening.

WHAT ABOUT SURVEYS DURING THIS TIME?

According to [CMS guidance](#), during the three-week timeframe beginning March 20, 2020, only complaint and facility-reported incident surveys triaged at the IJ level and targeted infection control surveys will be conducted. In addition, facilities need to use the [Targeted Infection Control Survey checklist](#), developed by CMS and CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19.

Surveyors must sign in and go through the same screening as other visitors. Surveyors should not enter the building, for any type of survey, if they are unable to meet the PPE expectations outlined by the latest CDC guidance. They may instead obtain necessary information remotely, to the extent possible.

Facilities can take steps to assess and improve their preparedness for responding to COVID-19 by utilizing the [CDC Preparedness Checklist](#). The checklist identifies key areas that facilities should consider to self-assess the strengths and weaknesses of your current preparedness efforts.

CAN WE ADMIT AND RE-ADMIT PATIENTS?

Nursing homes should continue to admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was or is present. If the patient is exhibiting signs of COVID-19, you should ensure the individual is tested for the virus, as well as influenza, prior to agreeing to admission.

MHCA, Leading Age and the Missouri Hospital Association collaborated to provide tools to help hospitals and long-term care facilities communicate about a patient or resident's COVID-19 status. Hospitals can provide the [Hospital to Facility Transfer](#) form to long-term care facilities for discharge planning and to communicate the appropriateness of transfer related to COVID-19. Long-term care facilities can provide the [Post-Acute Care and Behavioral Health Transfer](#) form to hospitals regarding a resident or patient's health status related to COVID-19. In both cases, a copy of the form should be provided to EMS partners to help keep them informed and safe.

Resources:

- [AHCA Guidance to SNFs Accepting Admissions from Hospitals During COVID-19](#)

WHAT ABOUT COMMUNAL DINING AND ACTIVITIES?

Per [CMS guidance](#), all communal dining and all group activities, inside and outside the facility, should be cancelled. We know that implementing this requirement is challenging but facilities should take reasonably available steps to comply. However, CMS and DHSS recognize that each facility will implement this differently, depending on physical plant, staff availability and resident needs.

If possible, deliver meals to resident rooms. In instances where feeding assistance is provided, observe the social distancing guidelines to stay at least 6 feet from others. CDC advises that, in facilities with an outbreak, residents leaving rooms should wear a facemask, perform hand hygiene, limit movement in the facility, and stay at least 6 feet from others.

Resources:

- [AHCA Guidance on Communal Dining](#)

HAVE TRAINING OR LICENSING REQUIREMENTS FOR DIRECT CARE WORKERS BEEN WAIVED?

In an effort to allow maximum flexibility in responding to this outbreak, the Missouri Departments of Health and Senior Services (DHSS) and Social Services (DSS) are in the process of reviewing, recommending and ultimately waiving certain laws and regulations that will make it difficult for providers to meet the needs of their patients during this national and state emergency.

At the State level, the Board of Nursing Home Administrators has granted flexibility to Nursing Home Administrators in completing the required continuing education (CE) hours for the 2020 license renewal by offering the option to complete any and/or all CE clock hours online through an approved training agency or approved by NAB/NCERS.

CMS Issues Blanket Regulatory Waivers - CMS has issued several [blanket waivers for long term care providers](#). The following [blanket waivers](#) are in effect, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration:

1. [Training and Certification of Nurse Aides](#) – waiver of the 4 month training and certification requirement.
2. [Resident Groups](#) – waiver of resident participation in in-person resident groups
3. [Resident Roommates and Grouping](#) – waiver of requirements related to resident roommate choice, among other things
4. [PASRR](#) – Suspension of PASRR for new residents for 30 days
5. [Minimum Data Set](#) – relief on timeframe requirements for MDS
6. [PBJ Staffing Data Submission](#) – relief on PBJ submissions
7. [Physician Visits](#) – waiver of required physician in-person visits

HOW DO WE COMMUNICATE WITH RESIDENTS, STAFF, AND THE MEDIA?

The key is to communicate! You can create a communication plan. The World Health Organization has created a [COVID-19 Communications Package](#) for you to download and use. Some additional suggestions:

- Make sure you have current emergency contact information for family members and loved ones;
- Keep residents and family members informed about efforts you're taking and any new developments; and
- Prepare for media inquiries.

Resources:

- [Template Letter for Residents, Families and Visitors](#)
- [Template Letter for Staff](#)
- [Media Statement and Talking Points for a Non-Impacted Facility](#)
- [Media Statement and Talking Points for an Impacted Facility](#)
- [Notice to Families Restricting Individuals from Enter the Building](#)

WHERE CAN I GET MORE INFORMATION ON COVID-19?

DHSS activated a statewide public hotline for citizens or providers needing guidance regarding COVID-19. The hotline number is **877-435-8411** and is operated by medical professionals 24 hours a day, 7 days a week. In addition, DHSS created a [comprehensive call center script](#), which has questions and answers to a variety of topics involving COVID-19.

The MHCA team continues to post updated information and resources on our [website](#), including education relating to dealing with the COVID-19 outbreak. In addition, MHCA has consolidated information and resources from AHCA/NCAL, CMS, DHSS, and the CDC into a [Comprehensive MHCA COVID-19 Toolkit](#), which is continually updated as new and/or revised information is made available.