Long-Term Care (LTC) COVID-19 Q&A Weekly Session: 9/10/20		
Question Asked	**Answer Given**	**Answerer**
Testing		
SNF regulatory: If we have self-test kits, and have done a couple rounds supervised to ensure staff competency to perform self-tests, will RCS have an issue with facilities allowing staff to self-perform their tests at home? This would decrease the burden of man hours to perform tests, use of PPE, and outlier staff who work outside of facility lab/test hours/day (eg weekend staff).	Facilities would need to monitor and guarantee that sample is stored properly, taken on the correct person.	Amy
Which data are we to go by for weekly or monthly testing CMS or DOH? Examples: CMS report dated 8/23/20 includes: Spokane 4.1 and Walla Walla 7.0 DOH WA Risk Assessment on 9/8/20 includes: Spokane 8.2 and Walla Walla 2.9	Use CMS website for positivity rates unless the LHJ has recommended more frequent testing.. QSO 20-38 https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg Check on 1st & 3rd Monday for update.	Amy
For Assisted Living Facilities and Adult Family Homes what are the testing requirements for staff and who is paying for this testing? As a LHJ we do not have the funds to pay for weekly testing of LTCF staff?	Assisted living facilities are recommended to participate in the one time point prevalence test the is paid for by the state of WA. There is no requirement unless ordered by the LHJ due to an outbreak. Adult Family homes will soon be given the opportunity to participate in a similar one time point prevalence test paid for by the state of WA.	Amy
Do non clinical employees require weekly/monthly testing for example IT that comes into the building occassionaly and is not in resident areas?	For the SNF, CMS does require facility staff be tested. They do not delineate that this only pertains to caregiving staff or staff in the building on a regular basis. Non-clinical staff and occasional staff need to be tested as well.	Amy
Do Adult Family Homes need to test employees and residents	This is not required on a routine basis. The LHJ may require testing if the home has a known or suspected positive case. The state will be offering a one time Point prevalence testing option for homes to participate in.	Amy

We have recently had several SNFs that have had negative COVID tests. Pt. has issue, then transported to ED. They re-test patient and have a positive results. The patient gets retested and then is negative. However, health department has been going off positive at hospital, and resetting the clock for 28 days. It appears that all tests are not equal, and that the negative is SNF, is not as sensitive of a test as the ED. How do we rectifiy these issues?	Correct! Tests are not equal. The senstivities, specificities and predictive value of a positive test vary by test type. Also when the test was done in the incubation period, and whether the patient was symptomatic, or had a known , significant exposure to a confirmed case change the pre-test probability. Discuss with your LHJ and follow their guidance. In general they will treat PCR+ tests as real unless there is a known contamination event. There will be difference in results, don't let it drive you crazy. Follow LHJ guidance for interpretation. James: Yes I totally agree not only does the testing characteristics change between test machines but also the sensitivity will change based on the person obtaining the sample, often (although this may be changing during COVID as more and mroe testing is done in LTCFs) the ED providers will be much more experienced obtaining samples and therefore the sensitivity will be better. While false positives may occur, we at the LHJs will ALWAYS assume any positve test is a true posiitve unless there is documentation from the laboratory that it was a false positive. If you feel strongly that a test is a false positive you should follow up with the lab that performed the test and ask if there is potential for a false positve, but in my experience it is likely that there were actually false negatives (as this is far more common) at the LTCF rather than a false positive at the hosptial.	Mary/James
NH- Previously it was stated that ALL staff must be tested, are there ANY exceptions such as; physicians order, etc?	Working on standing orders for testing, provider order should be obtained. CMS says that facilities do need to have a procedure for how they will manage employees and residents who refuse testing. Previously positive persons do not need to be part of the periodic testing. If they develop symptoms 90 days after having COVID and recovering they can be tested as part of an illness evaluation.	Amy/Mary

From skilled nursing in King County. Is staff testing weekly or monthly ?	James said King County are currently advising weekly testing in SNF in King County due to continuing transmission. In general Check https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg. Save the spread sheet with the date, as the counties have to have a lower rate for two weeks prior to going to a lower rate. James: King County recommends continuing weekly testing until further notice we will likely be sharing a communication about this soon, this is a best practice recommendation and not a regulatory requirement.	Mary/James
How often is an AFH need to be testing when there is no symptom of Covid-19.	The facility would set policy related to the level of testing they would like to do when there are no known cases of COVID. There is not a requirement to test in these cases. It is recommended the home participate in the one time point prevalence test the state will be paying for. This will be outlined in an upcoming provider letter. In the event of an outbreak the LHJ sets the frequency of testing.	Amy
Weekly or monthly testing for Assisted Livings with a Dementia unit or just SNFs at this time?	The CMS mandated POC testing in QSO 20-38 only pertains to SNFs at this time	Amy
SNF - Each round of testing staff in our facility is going to cost upwards of $25,000+ each time. How long does CMS anticipate this testing will go on? And how does CMS plan to support the facilities financially as to not result in facilities closing their doors due to the financial hardship this will cause? In addition, can someone please clarify why the health department does not have ultimate jurisdiction in a "health crisis" and CMS is able to supersede the health department's jurisdiction in SNF's - especially when we keep being told to refer to our local health jursidiction?	Each facility received special funding 2 weeks ago to assist with the cost of the testing. CMS is also sending all facilities POC testing devices free of charge as well as a supply of testing materials to start the tests. When a facility chooses to participate in the Medicaid and Medicare program, they also agree to the conditions of participation outlined in rule by CMS. A home is required to follow the higher rule or law. If the CMS standard is higher, the home will need to follow this rule/law.	Amy
AFH: are we doing every 2 weeks testing for all the residents, staff and home health nurses that comes to visit residents at home? Do we need doctors order for the residents?	No. The every 2 week testing standard only applies to SNFs at this time unless your home is specifically directed by the LHJ to meet this standard. Testing does require an order from the residents DR.	Amy

SNF- If Staff already had COVID should they be tested again?	Current discussion was to follow recommendations in QSO for nursing homes. CDC does not recommend testing unless a person who has recovered from COVID develops symptoms consistent with COVID after 90 days. James would put a staff member who tested positive >90 days ago back into the regular testing pool, most SHOULD be negative at that point but there may be occasional exceptions, if positive after 90 days with no concerning new symptoms or exposures, consult with LHJ about what to do next and furlough that person until a plan is in place, which will likely include furlough for at least 10 days from positive test, but again the vast majority of staff will test negative 90 days after infection.	Amy/James/Mary
What about staff that has already tested positive previously? Continue to have anitibodies in their system?	Follow the CDC guidance around testing for those who have previously tested positive. For SNFs, the CMS memo addresses how to manage testing for those who previously tested positive.	Amy
What about facilities who are short staffed, how do they manage staff who refuse if they have to be off work	Contact a temporary agency or reach out to DOH regarding the Emergency Volunteer Health Practitioner program to see if they may be able to assist. Program info can be found here: https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/EmergencyVolunteerHealthPractitioners	Amy
How about no retesting for certain staff for certain period of time who was previously positive but clear of symptoms etc?	For now, follow the CDC guidance around testing for those who have previously tested positive. For SNFs, the CMS memo addresses how to manage testing for those who previously tested positive. James suggests "test any staff that was positive >90 days ago along with other staff. If test positive, furlough and consult with LHJ for next steps."	James
I just need some clarification on insurance coverages? You mentioned that insurance will not cover testing for nonhealthcare workers?	Asymptomatic testing is not generally covered by private insurance. Medicare and Medicaid are paying for asymptomatic testing	Amy

Sorry if this was answered. The King County recommendations of weekly staff testing is more than the monthly required. Is this Public Health S-KC a requirement or a recommendation. Currently we only can do every other week due to lab capacity and have not received any equipment. We are a nursing home	This is a King County best Practice recommendation NOT a regulatory requirement. If unable to test weekly continue to try and accommodate this but as much testing as you can accomplish will be preferable to no testing routine. I hope this is helpful.	James
WHCA received a question as a result of the King Co. request for weekly testing for LTC/SNF. The question is if the LHJ is encouraging/recommending weekly testing, 1. is it a mandate vs. a recommendation and 2. will the LHJ be paying for the additional testing that is beyond the CMS required testing.	This is a best practice recommendation from PHSKC, NOT a regulatory requirement or mandate. PHSKC does have resources available to help with this recommendation for SNFs in King County. All SNFs have been notified of this opportunity via email and we encourage all of you to utilize it. We are piloting the Everlywell testing system in partnership with DoH. You can email Maureen Linehan for more informaiton on this opportunity: n-mlinehan@kingcounty.gov	James
What approach do we take if a staff member refuses to be tested?	CMS says that facilities do need to have a procedure for how they will manage employees and residents who refuse testing. See pg 6 of CMS Memo QSO-20-38 on refusal: https://www.cms.gov/files/document/qso-20-38-nh.pdf	
That's great, but what are the suggestions for developing a policy for refusals? There is very little guidance here regarding this and stating that facilities need to have a plan for this, does not provide guidance, and neither does the LHJ. We need further suggestions and guidance on how to approach refusals	RCS does not have any specific guidance and it should be determined at the facility or corporate level. See pg 6 of CMS Memo QSO-20-38 on refusal: https://www.cms.gov/files/document/qso-20-38-nh.pdf	Amy
If the staff member brings a physicians note, but doesn't specify a reason, is this acceptable? The guidance states everyone needs to be tested, but does not address refusals. Please clarify	See pg 6 of CMS Memo QSO-20-38 on refusal: https://www.cms.gov/files/document/qso-20-38-nh.pdf. There is no medical exemption for testing. If the person was previously positive see comment in line 19.	Mary
How do Adult Family Homes get access to COVID self-test?	Dear provider letter and webinar coming. Please report to LHJ	

I heard from an assisted living that testing is only reccomended and not mandatory. Is this accurate? Also, I was told that we can write on the lab slip "State Mandate" in the doctor section and that is good enough. Is that accurate?	It is strongly recommended that facilities take advantage of the opportunity. The tests are not a mandate but a strongly encouraged activity. A requirement could be implemented if insufficient participation. There must be an ordering provider for each lab slip. If there is not one available to the facility you can reach out to the Local Health Officer. The statewide standing order is not yet available but is hoped to be soon.	Charissa
I work in SNF do we test staff monthly in Tacoma?	Currently Tacoma is 3.7% positivity and would need to test Monthly. Please continue to check the list regularly as the rates can flutuate.	Amy
How do I get test kits in an adult family home, I am in pierce county	A dear Provider letter will be coming out very soon outlining how the AFHs will receive their kits for one time testing in their home.	Amy
Where are AFH getting the testing kits	These will be provided through DOH	Amy
LTC SNF: Clarification needed regarding CMS testing requirements. Is testing to occur ON the first and third mondays or is that merely to day to review the case rate?	This is the day the percent positivity rate will most likely be updated on the CMS website. CMS suggests you check then to see the most recent data for your county.	Amy
Assisted Living _ we are admitting a new resident who survived COVID infection back in March. Has too much time gone by to be able to trust antigen testing? Or do we quarantine and test on day five?	Treat this person as COVID naive since their infection is >90 days ago, treat as if COVID niaive. Quarantine.No need to test prior to admission to the facility, test if become symptomatic.	James
For providers or consultants that visit multiple buildings, is the individual required to be tested daily at each of these sites?	Not daily. They may want to coordinate to have the test at one site and show the results to other sites.	Amy
Do you have a link to individuals being able to do fit tests or where can find fit testing information?	Check with employee health depts of local hospitals, google "fit testing" "check with large nursing homes in your region and see if they would do it fee for service, check with fire departments.	Mary
I'm having trouble figuring out how to get doctor's orders for staff. Any suggestions?	A standing order may be coming soon for LTCF that don't typically have medical staff	
can you repeat the "exciting news" for AL's that is in the works, please.	A standing order may be coming soon for LTCF that don't typically have medical staff	Amy/Charissa
Will that standing order from the State be able to be utilized for periodic testing beyond just the one time requirement?	Yes	Amy/Charissa

From a SNF... training for testing that was mentioned earlier, how can I access this for todays webinar?	training was provided for AFHs regarding testing	Amy
for AL: we received a bill from UW Lab for all COVID testing we completed for AL/MC required testing in June. My understanding is that staff testing was covered by DOH and resident testing should have been billed to Medicare/Insurance?	Send bill to testing mailbox: doh-cbts.imt@doh.wa.gov	Charissa
we are ALF and also got UW bill for the mandated testing. where do we direct this bill to get paid?	email for invoices: doh-cbts.imt@doh.wa.gov	
Masks, PPE		
In performing testing, CMS says N95 masks are needed. DOH has suggested some community testing does not require N95 masks, yet positivity rates being quoted indicate a potentially high rate of exposure for the staff performing these tests. Can you explain why an N95 mask would NOT be required?	A tester should have very limited contact with the resident, and be in a well ventilated space. This is not an aerosol generating procedure. Staff can wear gowns, gloves, surgical masks and eye protection	James
SNF - when a staff member takes a break/lunch, do they need to put on a new facemask prior to returning to the unit or can they continue to use the same facemask they were wearing.	Facemasks should be replaced if wet or soiled, and should be replaced after lunch/break	Mary
Nursing home - Is universal eye protection recommended in nursing homes per CDC with mod to sustained transmission? With the new CMS data being published with routine testing, would you recommend we follow the positivity	Yes. Masks and eye protection (goggles or face shield). The percent positivity is not the same as the community prevalence of disease so I would not use it to decide on PPE.	Mary
I'm at AFH, would like to know if faceshield can be used as an alternative to mask during family visit outdoors if family or resident could not tolerate mask due to maybe medical reason?	If the family member is too medically fragile to tolerate a mask, I would consider a ZOOM of remote visit. If they lip read, I'd consider a DIY mask with clear front. (Google for instructions). If the resident cannot be masked, I'd keep the visit outside, shorter, and with fewer persons present, keep them masked. No data on how effective face shield alone is, may have some protection, but should not be considered equivalent to other forms of source protection.	Mary

SNF: Is it necessary for staff to wear N95 respirators for asymptomatic new admissions on 14-day isolation?	Wear same PPE you would for positive residents, but if PPE is short prioritize PPE for the residents who have actually tested positive.	Mary/James
Is it currently allowed to reuse N95 masks	Follow CDC's guidance for optimization. Extended use is preferred to reuse. Reuse impacts the structure and fit of the mask and is a higher risk for contamination to the wearer. LNI recommends reusing no more than 3-4 times	Mary
SNF with no positive cases - As far as changing masks, is once a shift or if soiled or damp sufficient for regulations?	Change when wet or soiled, may be more often than once a shift (2-4 hours or when on break).	Mary
Adult family home. Can anyone clarify if n95 masks are still a requirement from the state for adult family homes. We're hearing 100 n95 masks are being required along with fit testing and respiration testing from a doctor.	RCS does not have this requirement, but they do need to have PPE sufficient to care for their residents according to CDC recommendations. Physician is not required for fit-testing. Fit-tested N95 is required for care of COVID resident.	Amy/Mary
SNF - from my understanding only N95's that have the "TC" number on them can be fit tested. We have disposable N95 mask, that do not have the "TC" number on them. What activities can these be worn for?	You can check your models against the list of NIOSH approved N-95s and hte FDA approved emergency use authorization for KN95s. Others can be used with eye protection as a surgical mask. https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html	Mary
Is it mandatory to have N9S mask for none COVID facility ?	N95 masks are required by L&I and OSHA for staff working with a COVID positive or suspected positive resident. While a home may not currently have positive residents, it would be useful to have some in supply for staff in case a resident does test positive in the future.	Amy
Adult family home The n95 requirement was discussed in a webinar for adult family home-stating it was required from LnI and OSHA.	N95 masks are required by L&I and OSHA for staff working with a COVID positive or suspected positive resident. While a home may not currently have positive residents, it would be useful to have some in supply for staff in case a resident does test positive in the future.	Amy
Is the L & I use of N95 written anywhere?	See http://apps.leg.wa.gov/WAC/default.aspx?cite=296-842-12005. For OSHAs interpretation on requirement for N-95 during shortages see: https://www.osha.gov/sites/default/files/respiratory-protection-covid19-compliance.pdf	Mary

Repeat info regarding kn95 please. Are they as good as N95?	KN-95s are made to different specifications than N-95. N-95 that are NIOSH approved have met the US testing standards and should be used if available. If not KN-95 and eye protection are likely to provide more protection than surgical masks.	Mary
Buy supplies? there are no N95s to buy. We literally have none on our allotment from our supplier.	Check with other manufacturers and suppliers, request supplies from emergency management agency (EMA) at your local health department and/or https:ppewa.com	Mary
Question in that same realm - for those patients that are on quarantine 14 days from hospital admission, would it be more appropriate to use universal eye protection, rather than to change eye protection between different quarantine rooms? we are running through an incredible amount of goggles!	To sustain supply, we recommend extended use of masks/respirators and re-use of goggles and face shields. Exit a quarantine room and doff gown and gloves and discard. Do HH. Continue to use repirator/face shield for other patients all day unless wet or soiled. Discard N-95 after about 5 doffings (per LNI) or end of day. Wipe face shield at end of way with disinfectant and allow to air dry, can reuse. Staff can store in a paper bag with their name.	Mary
SNF: I have been showing the 1st module in the CMS Covid-19 Frontline Staff Training to my CNA staff. It shows gowning for incontinence care in non-suspected or non-infected residents. Are facilities doing that? As far as I know,that is not taught in the CNA course.	According to standard precautions, PPE should be worn for anticipated level of blood or body fluid contact - gown and gloves are recommended for care of incontinent patients. .	Mary
So would it be appropriate for staff that are going into 14 day quarantine rooms whom are simply going in quickly to drop off a tray or water to not don a gown?	Opinion: Mary and James felt that if entering a room of a patient in quarantine for a brief task that isn't likely to cause contact with the environment or patients (other than hands), a gown would not be necessary.	Mary
Activities, Visitors, Quarantine		
In king county can we have visitors into our community, and how many residents can we have in activities and dining at this time.	Follow the Safe Start Guidance. Indoor visits are not allowed until phase 3, except for essential person or compassionate care. Group activites and group dining are not allowed until phase 2.	Amy/Shauna
Can we have nurse delegators do flu vaccines for adult family homes so residents don't have to go out for their flu vaccines which put them at risk?	Absolutely! As long as the nurse delegator is willing to do that and it is authorized by case manager and order by provider.	Amy
Can you cohort residents admitted on the same date from the same hospital for 14 day quarantine	Ideally they would have private rooms, but if need to cohort, this would pairing would make sense.	Mary

Can an AFH have more than one visitor outside at the designated area in Snohomish county? I have a family want to come celebrate the clients 27th birthday with 3 members.	As of 9/13/2020 Snohomish County has a positivity rate that would allow a facility to enter phase 2 of the Safe Start for LTC plan as long as the facility meets all other phase 2 criteria. If a facility meets all criteria, phase 2 does not limit the number of outdoor visitors as long all safety measures can be met (social distancing, masking, infection control)	Amy
So to clarify, if an Assisted living is in King county we are not allowed to do any group activities at this time? I thought we could do in groups of 5 or less and social distancing. Our residents are getting so depressed, they need interaction	In reviewing the County rates for King County on 9/13/2020, it appears King County is at 68 cases per 100,000 residents. Facilities can enter phase 2 of the Safe Start for LTC plan if they are able to meet all other phase 2 criteria. If a facility is able to enter phase 2, group activities of up to 10 people are allowed.	Amy
What if the resident doesn't want to wear a mask at all to any doctor appointments due to advance dementia and behaviors,what will be best to use for her for the appointments	Under the masking order from the Secreatry of the Dept of Health, there are exemptions for those with cognitive impairments that may impede their ability to follow the order or understand the need to wear the mask.	Amy
Is there any guidance on how to manage patients who go to appointments? I know there is the risk assessment, and we will use that, but I heard that there may be guidance coming to quarantine residents after appointments.	At this time there is not specific guidance to automatically quarantine all who go to appointments, unless this is a specific directives from an LHJ. Each facility is asked to use the risk assessment to make a determination on a case by case basis.	Amy
Can a skilled facility have a consultant in the building to teach an IV class if the class is held in an area away from residents and proper distancing maintained?	This would depend on the Phase the county is in, the COVID status of the building, and if all infection control measures can be followed. Things for the facility to consider: Can the consultant enter the building in a way they are able to avoid all residents areas? Is the class able to be taught without any hands on demonstration or need for the instructor or students to be in close proximity to each other to assure the students are understanding the material?	Amy

Can skilled admissions work with therapy outside of their room? Since they are at facility for PT? What if they wore mask at all times and were 6 feet or more away from other residents	WIthout knowing the phase your facility is in this is difficult to answer. In phase 1 it would not be recommended, unless you only brought 1 resident at a time to the gym and properly sanitized between each resident. In phase 2 and higher you could potentially have a small group of residents as long as you are able to maintain social distancing, masking, and appropriate infection control.	Amy
Phases, Risk Assessment		
I understand we are in phase 1, and we are not allowed to bring resident's to the dining room,but can we bring resident's who are declining due to depression and not eating well in their rooms. They are needing more supervision, and cueing with feeding. This is for an assisted living facility.	Residents who need assistance with eating can be brought to the Dining room. Be sure to maintain social distancing, and follow all infection control standards for cleaning and sanitizing the area.	Amy
I thought the risk assessment rate is a 2 week lookback, do we have to monitor for 2 weeks before we can move through the phases of Safe Start LTC?	Not Necessarily. If your county positivity rates have moved into the next phase's rate level, and your facility has already been meeting all of the other criteria, your facility can move into the next phase.	Amy
as of 9/9 King County is showing 66/100k ... so wouldn't this mean King County can move to Phase 2 LTC?	This has to remain below 75/100k for two weeks this will not be the case until I believe the end of next week (i.e. ~9/25)	James
can you please clarify the source for the county case count. on this call it was stated king county is at 78 but the state doh site has the king county case count at 71	http://apps.leg.wa.gov/WAC/default.aspx?cite=296-842-12005 Can find it on King County's website on the Key Indicators dashboard: https://kingcounty.gov/depts/health/covid-19/data/key-indicators.aspx	James
Other		
Congress increased the federal match through the CARES act by 6.2% to help nursing homes with COVID 19 expenses. That increase in matching funds is no longer going to nursing homes although the STATE is getting the federal funds. Will there be some more funding help with testing now that the federal match is going to other State programs?	Approximately 2 weeks ago each SNF should have received funds into their account to assist with paying for the new testing requirements. It is unclear if further funds will be made available to offset some of the testing costs.	Amy
Where can we review previously discussed questions/answers that were reviewed in these calls?	WHCA, LeadingAge WA and Adult Family Home Council post the weekly Q&As from these calls on the COVID resources pages on their websites	Paula