

State of Louisiana

Louisiana Department of Health Health Standards Section

TO: ALL ICF/IIDs and PRTFs

FROM: Cecile Castello, RN, Deputy Assistant Secretary, Health Standards Section

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment Facilities (PRTFs)

DATE: April 1, 2020

The Louisiana Department of Health/Health Standards Section encourages all providers to monitor the CDC website for updated information and resources and contact the Louisiana Office of Public Health when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>)

Guidance

Facility staff should regularly monitor the CDC website for information and resources (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). They should contact their state health agency if they have questions or suspect a client/resident of an ICF/IID or PRTF has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious clients/residents are essential to prevent unnecessary exposures among clients/residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. The following link can be used for guidance on screening visitors and monitoring or restricting facility health care staff:

<https://www.cdc.gov/coronavirus/2019-ncov/symptomstesting/index.html>.

Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices See CDC and CMS resource links: <https://www.cdc.gov/longtermcare/index.html> and <https://www.medicaid.gov/state-resourcecenter/disaster-response-toolkit/federal-disaster-resources/index.html>. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with clients/residents, client/resident representatives and/or their family, and understanding their individual needs and goals of care. Staff should adjust communication about the COVID-19 disease and the underlying virus and SARS-CoV-2 infection prevention and control procedures being taken by the facility, and any potential modifications or restrictions to clients/residents' daily routine as appropriate to the client/resident/family member's age and preferred language, as well as their,

emotional, psychological, and functioning status while using required auxiliary aides and services. Communications should not be limited based on an individual's functioning level; clients/residents should receive information regardless of functioning level.

Facilities experiencing any new respiratory illnesses (regardless of suspected etiology) among clients/residents or healthcare personnel should be initially evaluated by their facility medical professional and if deemed necessary contact their state health agency for further guidance. For information on your state's health agency link:

<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>.

Guidance for Limiting the Transmission of COVID-19 for ICF/IIDs and PRTFs

What flexibilities to the current regulations are available to ICF/IID and PRTF providers?

Response: President Trump's declaration of a national emergency due to COVID-19 was announced on Friday, March 13, 2020 which led to the Secretary of the Department of Health and Human Services to authorize CMS to take proactive steps through emergency waivers and modifications under section 1135 of the Social Security Act (Act) and rapidly expand the Administration's aggressive efforts against COVID-19. As a result of this authority, CMS will issue blanket waivers of certain requirements and will review other individual waiver requests on a case by case basis, which will ease certain requirements for impacted providers.

How do waivers & flexibilities help?

Response: We will use the allowable flexibilities and issue waivers as needed to help those affected by an emergency or disaster. If needed, specific waivers may be retroactive to the beginning of the emergency or disaster. We can also adjust some agency policies or procedures, usually without reprogramming our systems. Additional information is available at: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

What are blanket waivers?

Response: Under Section 1135 of the Act, CMS can implement specific waivers or modifications on a "blanket" basis when a determination has been made that all similarly situated providers in the emergency area need such a waiver or modification. When a blanket waiver is issued, providers do not have to apply for an individual waiver. Blanket waivers prevent access to care gaps for beneficiaries affected by the emergency. If there is no blanket waiver in place for a specific requirement, providers can ask for an individual Section 1135 waiver by following our [instructions](#). In addition to 1135 waivers, we may also cover certain extended care services on an emergency basis under section [1812\(f\)](#) of the Social Security Act.

Has CMS issued any 1135 waivers for ICF/IID or PRTF facilities?

Response: Current information about blanket waivers are available on the CMS website at: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providersfact-sheet.pdf>. In addition, individual case-by-case waivers may be available by submitting a request to 1135waiver@cms.hhs.gov.

In cases where ICF/IID staffing is impacted by COVID-19, will CMS temporarily waive the minimum staffing requirements for ICF/IIDs?

Response: We encourage both ICF/IID and PRTF providers to review any state licensing requirements and work with their States on flexibilities to those requirements.

As described above, an emergency waiver under section 1135 can be requested, but otherwise CMS is not waiving ICF/IID staffing requirements. Please see <https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page> for the latest information on 1135 waivers specific to specific health care providers. For case-specific waivers, the facility administrator or designated representative should submit your request to 1135waiver@cms.hhs.gov.

Can ICF/IIDs combine residents of several homes if staffing is not available? If so, do ICF/IIDs need to get a facility-specific authorization to exceed their certified bed capacity? Response: Because of the high infection rate of COVID-19 and the increased vulnerability of people with disabilities to have serious response due to complications, people should, as a rule, not be forced into settings that would increase social interaction beyond recommended levels. Instead, people should be moved into community based settings and states should take advantage of the many opportunities for addressing staffing shortages. However, for ICF/IIDs that have multiple sites under a single CMS certification number, there is flexibility in cohorting residents for purposes of mitigating transmission. We would encourage consultation with state public health agencies to address combining facilities and staffing.

For separately-certified ICF/IIDs that need to combine, they should reach out to their State to address any state licensure requirements and may also seek specific 1135 emergency waivers. In all cases, ICF/IIDs should keep clear records of individuals who are moved, and should take appropriate measures to ensure the health and safety of those individuals during transit as well as at the new location. If ICF/IIDs determine it is in the best interest of their residents to combine facilities, they should work to minimize the impact to residents (for example, by permitting residents to bring favorite possessions, clothes, etc.). For additional information on 1135 waivers, please see the links below.

If a State is not currently broadly testing for the coronavirus, we are aware of people who have symptoms, who have tested negative for both the flu and for RSV and who have been told by their healthcare provider to go home and not get anyone else sick because the provider does not have access to the test. At what point does

the facility implement exposure measures and at what point do they contact the health department and CDC in this kind of scenario?

Response: The ICF/IID should follow the guidance of their State public health department or agency, the CDC and the CMS if they have additional concerns regarding client and staff exposure. See the following links:

<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>,
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html> and
<https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disasterresources/index.html> .

How should facilities monitor or restrict health care facility staff?

Response: The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCPs) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - Immediately stop work, put on a facemask, and self-isolate at home;
 - Inform the facility's leadership, and include information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the state health agency recommendations for next steps (e.g., testing).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

Facilities should contact their state health agency for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).

Should ICF/IID community activities be limited in counties with confirmed COVID-19 cases for all people or should it be a person-centered decision based on the team's evaluation of the risks?

Response: Community activities should be limited in accordance with current CDC guidance and other State and Federal requirements. Nationally, the CDC has advised individuals should practice social distancing, avoid gatherings of more than 10 individuals for high-risk populations and go into the community only for essential activities.

<https://www.cdc.gov/coronavirus/2019ncov/community/large-events/mass-gatherings-ready-for-covid-19.html>. Facilities should consider the high infection rates of COVID-19 and all geographic areas should be assumed to have high levels of infected individuals unless proven differently based on adequate testing. States may have also imposed more restrictive limitations. The CDC guidance should not eliminate the opportunity for individuals to leave their homes. State and Federal agencies are issuing simultaneous

guidance for COVID-19 and restrictive measures should be made in the context of competent, person-centered planning for each individual.

Can ICF/IID active treatment requirements be modified for COVID-19 cases?

Response: Under 42 CFR 483.440(c), a modification can be made to the client's Individual Program Plan (IPP) with the approval of the interdisciplinary team. Refer to your Emergency Preparedness (EP) policy and procedures to help address how to manage active treatment during an infection control emergency.

Can an ICF/IID utilize a day program building for quarantine, if necessary?

Response: We encourage ICF/IID programs to discuss these options with their state health agency and the State Survey Agency to address licensure issues, and to request any relevant models to the CMS 1135 waiver mailbox at <mailto:1135waiver@cms.hhs.gov> and/or the appropriate CMS locations. This may also be addressed in the ICF/IID's emergency preparedness plan. We encourage active communication between the ICF/IID and day programs. There may be a number of alternate care models that ICF/IID programs could develop to separate positive COVID-19 patients from others. In all cases, ICF/IIDs should keep clear records of individuals who are moved, and should take appropriate measures to ensure the health and safety of those individuals during transit and at the new location.

How do we address the potential staffing shortage due to a 14-day quarantine for exposed health professionals who were not fully gowned and goggled which has the potential of wiping out our entire staffing [for one or more] [ICF/IID] homes?

Response: Please review the CDC website for updated information regarding exposure of Healthcare Professionals (HCPs). The CDC has provided recommendations on flexibility for asymptomatic, exposed HCPs to return to work "in selected circumstances". The CDC has established specific risk categories and provided recommendations regarding self-isolation and asymptomatic HCPs.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

An ICF/IID facility may request a State specific 1135 waiver as a potential solution for staffing shortages. See the following link at

<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>

for the latest information for health care providers on 1135 waivers. For case-specific waivers, the facility administrator or designated representative should submit a request to

1135waiver@cms.hhs.gov. Facilities should follow their Emergency Preparedness program regarding emergency staffing. Additional information about CDC guidance regarding when health care workers may return to work can be found at

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>.

When a client/resident has tested positive for COVID-19 and we implement quarantine procedures, client rights are immediately abridged and severe behaviors are likely to occur. This could be a situation where abuse via involuntary seclusion is

an issue that has to be addressed. What is the guidance from CMS on balancing the CDC expectations with the rights of the individual?

Response: The health and safety of the clients/residents, visitors, and staff are the highest priority. For clients/residents that have been found positive for COVID-19 virus, the ICF/IID EP plan and Individual Program Plan (IPP) should include what specific procedures and steps should be taken for quarantine of the client while also taking every step reasonable to protect the rights, safety and health of the infected clients/residents and as well as those of the staff/s and other clients/residents. The facility quarantine procedures and steps should be consistent with the recommendations of the state and federal health agencies.

Facilities should adhere to the infection prevention and control practices issued by the CDC. It may be appropriate to consult with your state health agency for guidance based on the unique challenges of instituting infection prevention and control with individuals with intellectual disabilities in an ICF/IID. Currently, having clients/residents in their room with the door closed is the primary recommendation by the CDC for long-term care facilities (<https://www.cdc.gov/coronavirus/2019ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>). If that is not possible, options may include having the individual wear a facemask or other covering over their nose/mouth and provide whatever space restrictions are tolerated, such as six-foot social distancing. Facilities will have to consider multiple solutions to quarantine and preparedness is key in addition to good infection control practices.

We encourage facilities to work with all clients/residents to maintain good infection control practices and to perform thorough environmental cleaning. See the CDC link for cleaning recommendations at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>. These steps may help clients/residents to better endure the stress and anxiety of confinement with less impact to their existing emotional and/or psychological disability. It will be important, to the degree possible, to allow these individuals to experience some of their daily routines, including access to outdoors, staff, and treatment while still under quarantine

How should facilities screen visitors and outside healthcare service providers?

Response: Facilities should actively screen and restrict visitation or healthcare service providers (e.g. contract therapist) by those who meet the following criteria:

1. Signs or symptoms of a respiratory infection, such as a fever, cough, or difficulty breathing.
2. Contact with someone with or under investigation for COVID-19 or ill with respiratory illness.
3. International travel within the last 14 days to countries with widespread or ongoing community spread. For updated information on countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travelprecautions.html>

4. Residence in a community where community-based spread of COVID-19 is occurring. For more information on mitigation plans for communities identified to be at risk, visit: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors or outside health care providers to use Personal Protective Equipment (PPE) such as facemasks as an extra precaution, as available. For those clients/residents that are not able to have visitors or outside healthcare providers visits due to having medical risk factors if they were to contract COVID-19 or for those who test positive for COVID-19, facilities should consider:

- a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- b) Creating/increasing listserv communication to update families or outside healthcare providers, such as advising to not visit.
- c) Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.
- d) Offering 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.

When should ICF/IIDs or PRTFs consider transferring a client/resident with suspected or confirmed infection with COVID-19 to a hospital?

Response: ICF/IIDs or PRTFs with clients/residents suspected of or confirmed having COVID19 infection should contact their state health agency for guidance. Clients/residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the client/resident assuming: 1) the client/resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a client/resident with COVID-19.

Facilities will want to take advantage of the telehealth benefits available to Medicare and Medicaid beneficiaries who will be able to receive various services through telehealth including common office visits, mental health counseling, and preventive health screenings. This will help ensure Medicare and Medicaid beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves or others at risk. Links for Medicare and Medicaid telehealth information:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> and <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

Please check the following link regularly for critical updates, such as updates to CDC guidance for using PPE: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html>.

The client/resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the client's/resident's diagnosis, and precautions to be taken including placing a facemask on the client/resident during transfer. If the client/resident does not require hospitalization, they can be discharged to home (in consultation with state public health authorities) if deemed medically, clinically and socially appropriate. Pending transfer or discharge, the facility should place a facemask on the client/resident and isolate him/her in a room with the door closed. If it is not possible for the client/resident to effectively wear a face mask, then a staff member with a face mask should provide supervision to ensure the client/resident stays isolated until transfer. For a client/resident that is being transferred, it will be important that staff communicate the appropriate amount of details and steps that will be followed in order to confirm the client/resident understands what to expect during the transfer. This would include providing any necessary devices, aids, and supports to help provide as much comfort and reassurance during the transfer experience.

When should an ICF/IID or a PRTF accept a client/resident who was diagnosed with COVID 19 from a hospital?

Response: An ICF/IID or PRTF can accept a client/resident diagnosed with COVID-19 and still operate under transmission-based precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-based Precautions. If an ICF/IID or PRTF cannot follow the guidance, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#)

Information on the duration of infectivity is limited, and the CDC interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue transmission-based precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details). <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html>

Note: ICF/IIDs and PRTFs should admit any individuals that they would normally admit to their facility who are not symptomatic, including individuals from hospitals where a case of COVID-19 was/is present if they are able to adhere to the infection prevention and control practices recommended by the CDC.

Also, if possible, facilities should dedicate a wing or room/s for any clients/residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms.

Will ICF/IIDs or PRTFs be cited for not having the appropriate supplies?

Response: CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., Personal Protective Equipment such as gowns, N95 respirators, surgical masks and alcohol-based hand rub (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the state public health agency to notify them of the shortage, follow national guidelines for optimizing their supply: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppestrategy/index.html>, or identify the next best option to care for clients/residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact their CMS Location (previously termed Regional) Office.

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Increase the availability and accessibility of ABHRs, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, client/resident check-ins, etc., and reinforce strong hand-hygiene practices.
- Ensure ABHR is accessible in all client/resident-care areas including inside and outside client/resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between client/residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

What other resources are available for facilities to help improve infection control and prevention?

Response: CMS urges providers to take advantage of several resources that are listed below:

CDC Resources:

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019ncov/healthcare-facilities/index.html>
- CDC COVID-19 symptoms and testing: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>

- CDC disinfection control cleaning: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infectioncontrol/infection-prevention-control-faq.html>
- CDC list of all state health agencies: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>
- Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

CMS Resources:

- Medicaid Disaster Response Resources: <https://www.medicaid.gov/state-resourcecenter/disaster-response-toolkit/federal-disaster-resources/index.html>
- Medicaid telehealth benefits: <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>
- CMS telemedicine for Medicare: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- CMS ICF/IID Appendix J: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_j_intermcare.pdf
- CMS PRTF Appendix N: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_n_prtf.pdf

Advocacy Resources:

- <https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf>
- <https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Spanish-Plain-LanguageInformation-on-Coronavirus.pdf>

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Please contact the Health Standards Section with any questions you may have regarding the regulatory responsibilities regarding these guidances. You may call the main desk at 225-342-0138 or email your questions to the applicable program manager for this provider type.

Also, please contact the Office of Public Health should you have any questions regarding the management of COVID-19. That number is 800-256-2748.