

#	Question	Answer(s)
1	Are the cloth masks ok to wear in the work area?	Any staff who may have interactions with residents should wear a surgical/procedural mask. Those who will not have any resident interactions and will not be entering into resident areas/rooms can wear cloth face masks.
2	Do AL facilities have the right to refuse accepting back, from the hospital, their Covid positive resident who is stable? I do not feel it is safe to bring back a Covid positive to an AL setting.	
3	Please provide recommendations of PPE for visitors to wear during in person visitation allowing touch (due to the new QSO)?	
4	If a Resident cannot tolerate wearing a mask, could they wear a face shield instead? So, they can have in house visitation.	
5	Are pets allowed for visitation as well?	
6	How are the facility lab tests numbers being reported to CDC after we report them to the state? How long is it taking to get our test results to be submitted to CDC?	
7	Can you share where to find the information HHS released Wednesday?	http://dhhs.ne.gov/Documents/Nursing-Home-Testing-Plan.pdf
8	Will contract surveyors be included in the testing plan?	DHHS will be communicating with the contractor to discuss surveyor testing.
9	Is there anyway you would consider different "drop zones" for TestNE specimens? For example, if a facility in Omaha tests and there are multiple TestNE locations within Omaha could the facility bring them to one of those locations to be brought with their already scheduled courier to St.Elizabeths? This would help facility staff save drive time and spend it with residents along with cost of a courier.	response from Angela Ling: Discussing with her about this question.
10	Am I correct that in Nebraska we are expected to use County Positivity data retrieved on the 1st and 3rd Mondays and do not have to increase testing if we jump up in frequency if week 2 and 4 data is higher	

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11	Are the dentisit and podiatrist covered under "entry of health care workers and other providers of service" as stated in the QSO Memo. Who all is covered under that phrase?	<p>Yes, dentists and podiatrists would be included as health care workers. QSO 20-39-NH section is entitled "Entry of Health Care Workers and Other Providers of Services." It specifically mentions several examples of health care workers as well as clergy as a service provider. Any health care worker or service provider needed to provide direct care to a facility's residents would fall under this category. There are conditions excluding anyone who has been exposed to COVID-19 or who is showing signs or symptoms, and these should be identified upon screening before entering a facility. All persons entering must adhere to the core principles of infection prevention and must comply with testing requirements.</p>

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12	Just to clarify, once we test, we have 72 hours to have the test specimens sent to lab?	<p>When using Test Nebraska as your testing service, the test specimens must be delivered to CHI St. Elizabeth Lab on the date scheduled for your facility on the LTC Lab Calendar. The facility should schedule its' testing to occur prior to the delivery date, considering the number of persons to be tested. If the facility has a large number of persons to test, the testing can occur over a 72-hour period. Facilities with a smaller number of persons to test could test in a shorter period of time. The facility needs to determine the appropriate amount of time needed to complete testing so that all test specimens can be delivered to the lab on the facility's scheduled delivery date. Test specimens must be refrigerated while all testing is completed.</p>
13	Does a facility need the Plexiglas if the visitors and Residents are 6 foot plus apart? We have 6 foot tables and we would have the Resident on one end and the visitor on the other. If both are wearing masks, do we need to have the Plexiglas in place?	No; if the 6-foot distancing can be achieved, the plexiglass barriers are not necessary.
14	haven't seen the testing plan - who sent it out?	It is available on the DHHS website at: http://dhhs.ne.gov/Documents/Nursing-Home-Testing-Plan.pdf

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16	There was talk earlier in the week regarding the changing of frequency in testing at each level of positivity rate, due to supplies and resources. Is this at the state level or at CMS?	The DHHS Nursing Home Testing Plan includes use of the CMS positivity rate in determining frequency of testing. The testing frequency for each level is set by CMS. Test Nebraska is being offered to facilities as an option for testing, but Test Nebraska cannot accommodate the testing frequency required by CMS. The testing frequency Test Nebraska can support is once weekly for red counties; once every other week for yellow counties; and once monthly for green counties. Facilities must continue to seek other testing to meet the CMS required frequency. If unable to find testing other than Test Nebraska, facilities must document their efforts to find other testing options.
17	What are the requirements related to universal eye protection? If all non-residents in the building are masked and we have no COVID in the building are we required to use universal eye protection?	

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18	why are we "required" to open up to visitation while the communities are rising in positivity rates?	CMS QSO 20-39-NH is addressing the physical and emotional toll that isolation related to COVID-19 has had on residents. CMS believes the guidance in this memo is sufficient to protect residents from COVID-19 and unless any of the factors addressed in the memo are present to allow continued restrictions on visitation, facilities are expected to comply. The guidance does allow facilities to consider the county positivity rate, as well as the positivity rate of an adjacent county, in determining whether to restrict indoor visitation.
19	Can you clarify if we follow the Color or the Rate? we have a 26% positivity rate but are considered yellow. Do we discontinue in person visits that are indoors? But can do outdoor in person visits?	
20	Where can we find out when and who will receive the Abbott as far as Assisted Livings?	All assisted living facilities with CLIA waivers should receive a shipment of the Abbott BinaxNOW antigen testing cards
21	Do you feel it is correlated with NE going to Phase 4? Isn't this a predictor?	

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23	<p>We have had 3 false positives (two pending so could be 5) with staff since testing has began in house, which we send to test nebraska for confirmation. Are we to place residents in yellow every time we have a non cofirmed positive and close to visits or do we wait for a confirmed positive? We do have any positives leave and can't come back until we confirm the negative. If the test is ran and we get 1 positive and 1 negative, and no symptoms, do we have the employee work with PPE including N95. We are at twice a week staff testing, so this is starting to happen almost every time we test now. I am getting different answers from different entaties, ICAP, Health Dept, and DHHS.</p>	
24	<p>Is the accuracy of the Binex card better or worse than the BD Veritor?</p>	
25	<p>Is there any progress on improving family presence, in spite of 'increased cases?' Thanks.</p>	
26	<p>Dr. Anthone is the frequency decreasing to every other week for 5-10% category?</p>	
27	<p>FRHS is out of BD testing supplies and supplies are on backorder till 10/13. We have the Abbott BionexNow kits but only received 240 cards and will be out of these by next week. Haven't been able to reorder Abbott supplies at this point.</p>	
28	<p>How can facilities be expected to pay upwards of \$10,000 or more each month with POC testing supplies?</p>	
29	<p>Are the new cards more accurate than the machines?</p>	
30	<p>As hospices are to be included per CMS, but do not have access to rapid testing yet - what do you recommend for hospice staff testing twice weekly to gain access to nursing home patients? Test Nebraska results are commonly 3 days or more</p>	
31	<p>Do we have any statistics on the asymptomatic numbers vs the symptomatic numbers? And are these confirmed PCR numbers or the rapid test numbers (with the known false positivity rates)?</p>	
32	<p>We are starting to get BD test kit shipment notifications now. Should arrive next week.</p>	

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33	Question for Dr. Anthone, is the Governor concerned with the ICU bed availability being less than 30%?	
34	where do we send our information regarding our current BD supply of testing with	
35	We sent tests to test NE on Mon and Tues and still have not gotten the results	
36	We need TestNE to pick up 50% both financially and to ensure the accuracy of the screening that is occurring. We are planning on doing 50% with TestNE	
37	Who is the contact person at the Lancaster health department so we can get our test kits for test NE?	
39	Should we go forward with influenza vaccination of residents while awaiting confirmation of a false positive? We have had no confirmed covid cases.	
40	Clarification: The vaccine will not be available for the residents?	
41	We just received our Binax NOW cards for Covid testing at our ALF. Do we need to start using these now or will we get further information before using? Does a nurse need to do these also?	
42	Can we ask if they received enough to cover team members?	
43	We were able to order more supplies. But it is costly to order more. Financial assistance with the purchase of those testing supplies would be helpful	
44	If a staff member tested + with the BD rapid testing, and tested negative with PCR, do we have to continue with routine testing on these employees?	
45	with all facilities doing routine testing is it fair to assess that this should help lower the positivity rate in a county? Being that a facility could be contributing 100 test results each week? Or does a repeat negative test from a facility staff member only count once no matter how many times they get tested?	
46	The QSO lists: required visitation as long as no new positives in the last 14 days. Is this 14 days from the positive test, even if we do not have outbreak testing results back?	
47	Has the guidance changed for indoor visitation since the most recent CMS QSO- facility greater than 10%	

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48	We did outbreak testing of our residents and staff through Test Nebraska last week. Do we have to list each resident and staff name on the Covid spreadsheet that is sent to licensure and state health department?	
49	Can you send out ICAP guidance regarding staff quarantining guidelines for exposures (not a positive test), but if they have been exposed?	
50	Would a medication like methotrexate automatically make a resident immunocompromised that they would require 20 day vs 10 day isolation? (If symptoms were fine, no cancer diagnosis).	
51	I need to clarify that our facility is in a county that has a positivity rate of greater than 10%- please note for question about any change in indoor visitation	
52	Do we need to report on the hospitals who refuse to test residents when sent to the ER for COVID symptoms and return a resident that ends up testing positive within the next day or 2? (ALFs don't always have the capacity to test on site when a resident is symptomatic so they are sent to the ER and some are refusing to test and then send the resident back).	
54	IF YOU HAVE A RESIDENT WHO ABSOLUTELY REFUSES TO WEAR A MASK AND INSISTS ON COMING OUT FOR COMMUNAL DINING HOW SHOULD WE HANDLE THIS? HE HAS A WIFE WHO THEN WOULD NOT COME OUT EITHER AND BOTH WOULD EXPERIENCE SEVERE ISOLATION BECAUSE OF HIS BEHAVIORS.	
55	county + rate - are they going with color or %	
56	HEATH: did we ever find out if we should be following the number on the CMS website for the county positivity rate or the color?? Our number is around 20% but our color is yellow. Which do we follow?	
57	We noted that on the site that we go for as directed by CMS- it notes on the first page - COVID 19 Viral (RT-PCR) Laboratory 14-Day Test Positivity Rates, by US County	
58	I missed out on the question so do we start testing in assisted livings now	
59	It makes you think this rate is being gotten from only PCR testing not POC testing.	
60	Should we base visitation off color then? and not the number?	