

DHHS & ICAP Updates and Clarifications
Wednesday, March 17, 2021 – 10am CT webinar

On a recent Nebraska Health Care Association and LeadingAge webinar, Dan Taylor from the Nebraska Department of Health and Human Services (DHHS) and Dr. Salman Ashraf and Lacey Pavlovsky from the Infection Control Assessment and Promotion Program (ICAP) responded to the following questions and provided clarification on specific issues.

QUESTION: *When providing communal dining or group activities, is the requirement that there be six-foot distance between individuals and barriers in place (e.g., plexiglass)?*

DHHS/ICAP RESPONSE: The requirement for infection control is to maintain six-foot distance between individuals OR the use of barriers when individuals are closer than six feet. Both infection control precautions can be used, but only one is required.

QUESTION: *Are there situations where eye protection is not required for facility staff?*

DHHS/ICAP RESPONSE: Wearing a mask and eye protection is always a best practice. However, a facility may choose to require only a mask in the following situation:

1. The facility is “green” – no residents or staff who are COVID+ or have a known exposure;
2. The facility’s county is “green” –the facility’s county test positivity color is green, as identified on the Centers for Medicare and Medicaid Services (CMS) [website](#) (scroll down to COVID-19 Testing section); and
3. The individual is not providing direct resident care where there may be a risk of eye exposure to infection.

QUESTION: *Are assisted living facilities required to perform the same routine testing as required of nursing facilities in CMS’ [QSO-20-38-NH](#)?*

DHHS/ICAP RESPONSE: This would be a recommended best practice for infection control but would not be a requirement for assisted living facilities. However, the assisted living facility should have a plan in place and follow its policies and procedures for managing infection prevention and control.

QUESTION: *In determining the required frequency of routine testing for nursing facilities, as outlined in CMS’ [QSO-20-38-NH](#), should a nursing facility use the numeric test positivity rate or the test positivity color for the facility’s county, as these don’t always align?*

DHHS/ICAP RESPONSE: CMS and DHHS clarified that a nursing facility should use the test positivity color for its county, rather than the numeric rate, in determining both the frequency of routine COVID testing and the type of indoor visitation allowed. This would be a recommended best practice for infection control for assisted living facilities, but would not be a requirement. However, the assisted living facility is required to have a plan and policies and procedures for managing infection prevention and control, per Nebraska’s assisted living licensure regulations ([175 NAC 4](#)).

QUESTION: *What are DHHS' requirements for assisted living facilities regarding COVID-19 and infection control and prevention? Are assisted living facilities required to comply with the same federal requirements as nursing facilities?*

DHHS/ICAP RESPONSE: DHHS' expectation, based on Nebraska's assisted living licensure regulations, is that each assisted living facility have a plan with identified policies and procedures to prevent and control infection, including COVID-19, and that these be based on recognized standards, such as the guidance provided by CMS, the Centers for Disease Control and Prevention (CDC), DHHS, and ICAP.

QUESTION: *What are DHHS' expectations for nursing facilities regarding whether to quarantine a resident who is admitted, readmitted, or returning from a community or family (non-medical) outing?*

DHHS/ICAP RESPONSE: ICAP has provided infection control [recommendations](#) on these situations, based on CDC guidance, and a risk assessment [template](#) for facility use. When determining the course of action for each individual resident situation, DHHS' expectation is that the nursing (or assisted living) facility have a method for assessing the resident's risk of exposure in the given situation and have corresponding policies and procedures for managing infection prevention and control that are followed and documented, based on the specific circumstances.

Other updates and clarification provided by DHHS and ICAP:

PASRR – Dan Taylor shared that in his review of survey citations, there were some related to a provider's failure to submit a new PASRR screen when a resident experienced a change in condition. He reminded nursing facility providers of this requirement and added that if there are situations where a provider has asked or tried to submit a new PASRR screen to Nebraska's new PASRR contractor, Kepro, and the provider was told the screen was not required, this response should be documented and inform the surveyor or contact Dan. For more information on Kepro: <https://nepasrr.kepro.com/>

SURVEY PERSPECTIVE – In addition to Dan Taylor's guidance that nursing and assisted living facility providers should adopt and follow plans, policies and procedures based on recognized standards in making determinations and taking actions, if surveyors have a concern about a certain provider's practice or action, the surveyors should also be asking the provider why they adopted a certain practice or took a certain action and identify the recognized standards that were used to determine the provider's approach.

VACCINATION FOR NEW RESIDENTS AND STAFF – ICAP is currently gathering information from each local health department on their plan to vaccinate new nursing and assisted living facility staff, with the goal of sharing that information with providers, so they are aware of the processes in place and have contact information for each local health department, in the event of questions.

CMS' VISITATION POSTER: <https://www.cms.gov/files/document/visiting-love-ones-nursing-home.pdf>

PPE REQUESTS TO DHHS: <https://form.jotform.com/NebraskaDHHS/PPERequestForm>
Requests must be made by Wednesday at 11:59am CT for the next week's delivery