

KDADS Updates on PHE Ending

Presentation to Kansas Adult Care Homes May 11, 2023

Updates on Requested Topics
Department for Aging and Disability Services

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Survey Expectations-All Adult Care Homes

-Adult Day Care-Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

-Assisted Living/Residential Health Care- Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

-Home Plus- Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

-Nursing Facility/Nursing Facility for Mental Health- Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

Survey Expectations

Nursing Facilities

-F884-Reporting vaccine status for residents and staff through NHSN-Will Continue Indefinitely or unless additional regulatory action is taken. Kansas Survey staff continues to not survey for this requirement, this item is reviewed by CMS regional survey staff. **NO EXPIRATION DATE** Per [QSO Memo 23-13-ALL](#)

-F885- Reporting-Residents, Representatives and Family-Expires on 12/31/2024 Per [QSO Memo 23-13-ALL](#)
Please note the QSO Memo does state the following: The reporting requirements referenced above also include provisions for reporting COVID-19 information to residents, their representatives and families (per 42 CFR 483.80(g)(3)). The CMS final rule that set reporting requirements to terminate on December 31, 2024 (CMS-1747) was released in November 2021, and at that time, this type of reporting was necessary. However, CMS is concerned that the effort required to continue this reporting provision may outweigh the utility of the information provided. For example, we have heard that providing families with the total number of cumulative COVID-19 cases (from June 2020) is not useful information. Additionally, this information is now publicly available on CMS' COVID-19 Nursing Home Data Website. Therefore, CMS is exercising enforcement discretion and will not expect providers to meet the requirements at 42 CFR 483.80(g)(3) at this time. All other reporting requirements referenced above remain in effect until December 31, 2024.

Survey Expectations

Nursing Facilities

-F886- COVID-19 Testing Residents & Staff-Expires 05/11/2023 Per [QSO Memo 20-38-NH](#)

-F887-COVID-19 Immunization- Expires on 05/21/2024 Per QSO Memo [QSO Memo 23-13-ALL](#) Requirements for Educating about and Offering Residents and Staff the COVID-19 Vaccine • On May 21, 2021, CMS issued an IFC (CMS–3414–IFC) requiring all LTC facilities to educate residents and staff on the COVID-19 vaccine (including any additional doses) and offer to help them get vaccinated. Pursuant to section 1871(a)(3) of the Act, Medicare interim final rules expire 3 years after issuance unless the Secretary determines an earlier end date. Therefore, this requirement will remain in effect until May 21, 2024 unless additional regulatory action is taken.

-F888-COVID-19 Vaccination of Facility Staff-Reporting vaccine status for residents and staff through NHSN- CMS will soon end the requirement that covered providers and suppliers est. policies and procedures for staff vaccination. CMS will share more details regarding ending this requirement at the anticipated end of the public health emergency.

- NO EXPIRATION DATE AT THIS TIME Per [QSO Memo 23-13-ALL](#)

Survey Expectations

While the PHE will end, KDADS and CMS still expects facilities to adhere to infection prevention and control recommendations in accordance with accepted national standards.

Core Principles of COVID-19 Infection Prevention and Control (IPC)

- Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Appropriate staff use of Personal Protective Equipment

Core Principles of COVID-19 Infection Prevention and Control (IPC) Continued

- Face covering or mask (covering mouth and nose) in accordance with CDC guidance
- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) These alerts should include instructions about current IPC recommendations (e.g., when to use source control). Cleaning and disinfecting of frequently touched surfaces in the facility often, and designated visitation areas after each visit.
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted following nationally accepted standards, such as CDC recommendations.

QSO MEMO UPDATE FOR NURSING FACILITIES

Expired Memos

Quality and Safety Oversight Memos

Number	Title	Original Post Date	Revision(s) Date	Expiration Date
20-26-NH	Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes	04/19/2020		05/06/2020
20-39-NH	Nursing Home Visitation - COVID-19	09/17/2020		03/21/2021
20-14-NH	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes	03/14/2020		03/13/2020
20-30-NH	Nursing Home Reopening Recommendations for State and Local Officials	05/18/2020		03/10/2021
20-14-NH REVISED	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)	03/09/2020		03/28/2023
QSO-20-14-NH Revised memo UPDATE: 03/10/2021	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)	03/04/2020		03/28/2023
20-38-NH	LTC Testing Requirements	08/26/2020	09/23/2022 & 05/08/2023	05/11/2023

QSO MEMO UPDATE FOR NURSING FACILITIES

Active Memos

Quality and Safety Oversight Memos

Number	Title	Original Post Date	Revision(s) Date	Expiration Date
20-39-NH REVISED	Nursing Home Visitation - COVID-19 (REVISED)	09/17/2020	05/08/2023	
20-41-ALL-REVISED	Guidance Related to Emergency Preparedness-Exercise Exemption based on A Facility's Activations of the Emergency Plan	09/28/2020	06/21/2021 & 05/26/2022	
23-13-ALL	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)	05/01/2023		
23-10-NH	Strengthen Enhanced Enforcement for Infection			
23-03-ALL	Revised Guidance for Staff Vaccinations Requirements	10/26/2022		

KDADS COVID-19 Guidance Document Page

All Survey and Certification Guidance Documents have been archived and can be found at:

[COVID-19 Guidance \(ks.gov\)](https://ks.gov/covid-19-guidance)

Questions

1. Specifically in Medicare Skilled care Units :
 - a. Do masks have to be worn by staff, visitors, and volunteers when no COVID cases are present in the area?
 - b. Do all staff, vendors and visitors have to be screened for COVID symptoms before entering the skilled care unit?
 - c. Do we have to have a cohorting plan if all our rooms are private rooms?

Answer: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

Questions

2. Is it an acceptable plan to communicate on an on-going-basis with the local health department on current levels of COVID and other infections in the community and just follow their recommendations on infection prevention depending on what is currently happening in the community

Answer: KDHE will provide information to local health departments monthly with information on disease spread and best practices. KDHE will continue to provide guidance on testing, isolation, Personal Protective Equipment (PPE) usage and reporting requirements to health care facilities through KDHE's Healthcare-Associated Infections & Antimicrobial Resistance (HAI/AR) Program. The HAI/AR Program will continue to assist facilities in their role to control COVID-19 in their facilities. This is best practice and training support. Facilities should look to the CDC recommendations for compliance with the requirements as a SNF. The IPC recommendations described below (e.g., patient placement, recommended PPE) also apply to patients with symptoms of COVID-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions based on [close contact](#) with someone with SARS-CoV-2 infection. However, these patients should NOT be cohorted with patients with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing.

Questions

3. Are we going to be receiving any test kits as most of ours expire at the end of June?

Answer: KDHE will continue to supply antigen test kits upon request to the Health and Environment Laboratory. These would need to be used in combination with the CLIA certification for a facility. They are not providing at home tests for self administration.

Questions

4. Are we still required to quarantine under vaccinated residents for 10 days?

Answer: Please review and follow facility policies and procedures for Infection Control and Prevention as well as communicable diseases, that should be written with the guidance of leading National Standards such as The Center's for Disease Control and Prevention as well as the state/local health departments. (CDC Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html#anchor_1604360679150)

Questions

5. Can Testing be pushed to hospital or doctor office as we did prior to Covid?

Answer: Facilities should following their policies and procedures for Infection Control and Prevention as well as communicable diseases, that should be written with the guidance of leading National Standards such as The Center's for Disease Control and Prevention as well as the state/local health department. (CDC Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html#anchor_1604360679150)

Questions

6. Can you clarify staff vaccination mandate? Does this now mean that we can hire any and all staff that are not vaccinated without the need for an exemption. As long as it is tracked/reported to NHSN and offered the option to receive/decline the vaccine.

Answer : Please refer to slide 4.

7. Can you clarify that F885 expires 12-31-24 or should that be 12-31-22?

Answer : Please refer to slide 3.

Questions

8. Can you clarify, notification to families and residents should have ended, but reporting cases to NHSN continued to 12/31/24.

Answer: CMS is exercising enforcement discretion and will not expect providers to meet the requirements at 42 CFR 483.80(g)(3) at this time. All other reporting requirements referenced above remain in effect until December 31, 2024.

Questions

9. Do residents and staff have to be immunized prior to move in or hiring?

Answer: No, however both residents and staff should be educated and offered immunization. Also, nursing facilities are still required to meet the conditions of participation at 42 CFR 483. 80.

Questions

10. How do we stop receiving the COVID tests if we have too many already with testing requirements changing?

Answer: If you are receiving test from the KDHE laboratory, please contact them to stop receiving tests. Some of the automatic distribution programs will end as funding is exhausted.

Questions

11. How is "community" defined? How do we know what is happening in our community? If there is no site for data, what data are we supposed to use?

Answer: The CDC used county-level data in their community transmission calculations. This is going to be the smallest geographic unit for which we have reliable information. The syndromic surveillance dashboards on the KDHE website will provide data at the county level for emergency department visit with a diagnosis of COVID. This doesn't equate to number of people with COVID in the county, but the trends (curves) match so it will give you a good indication of whether you are seeing an increase in COVID-19 in the county, or a decrease, or consistent high or low levels of disease. Here is the link to this site on KDHE's website. On the upper right corner of the graphs, you can filter by county.

Questions

Answer to Question 11 Continued:

Likewise, the CDC has a data dashboard that includes Emergency Department visits, Hospitalizations, and Deaths and this can be viewed by state or county. Here is the link for that data: https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county

Hospitalizations will track with ED visits, but may be delayed by a day or so. Deaths will be delayed by a week or more, so are a late indicator of COVID-19 activity, but a good indicator of disease severity.

The CDC website also includes wastewater data. There aren't many counties where this is collected in KS, however, here is the link if people are interested.

<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>

Questions

12. How long will KDHE continue the syndromic surveillance for COVID emergency dept. visits?

Answer: There is no end date set at this time.

Questions

13. Can you please be a little more clear on the mask requirement? Do we still have to follow county transmission rates for masking? Do we still have to follow county transmission rates for masking? Is it a yes or no answer, if masks need to be continue to be worn in SNFs?

Answer: The community transmission rate map will not be available soon. Use of masks in the facility will be based on facility policy and IC procedures. Please review and follow facility policies and procedures for Infection Control and Prevention, that should be written with the guidance of leading National Standards such as The Center's for Disease Control and Prevention as well as the state/local health departments. (CDC Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html)

Questions

14. Since the transmission rate is no longer on the CDC website where will we find this information to determine our county level ?

Answer:

The [COVID-19 Cases in Kansas Dashboard](#) will continue to update the dashboard weekly with available data through the month of May. **Beginning June 1, KDHE will change the publicly available data to reflect new data sources including syndromic surveillance and death registration.**

The [Kansas Vaccine Data Dashboard](#) will continue to update the dashboard weekly with available data through the month of May. **Beginning June 1, KDHE will update the dashboard monthly. KDHE will discontinue providing weekly and monthly datasets, this will move to a request process.** To submit a request contact Andrea.May@ks.gov

KDHE is working to develop a COVID-19 section within the existing [KDHE website](#). **The existing COVID-19 website will be decommissioned** and all available resources will be located on the KDHE website. A date for the decommission of the website has not been determined.

Questions

15. So it says testing for residents and staff will expire today, but if there's an exposure or outbreak we will have to do that still correct? What does it mean by the testing requirements expire today? We would still have to test elders with suspected exposure per the guidelines or no? So we no longer have to follow the outbreak testing as written previously? We look at each situation independently and determine if facility-wide testing is needed?

Answer: Please review and follow facility policies and procedures for Infection Control and Prevention as well as communicable diseases, that should be written with the guidance of leading National Standards such as The Center's for Disease Control and Prevention as well as the state/local health departments. (CDC Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html#anchor_1604360679150)

Questions

16. We have a therapy provider that has been providing PT services through tele-health - they are telling us that they can no longer do that due to the PHE ending- is that correct?

Answer: The linked CMS fact sheet ([Remote Evaluations, Virtual Check-Ins & E-Visits](#)) says “Medicare pays for e-visits, which are brief communication services with practitioners, professionals, clinicians, and providers via a number of communication technology modalities, including synchronous discussion over a telephone or exchange of information through video or image. During the PHE, clinicians can provide remote evaluation of patient video/images and virtual check-in services (HCPCS codes G2010 and G2012 for physicians and G2251 and G2252 are for non-physician practitioners) to both new and established patients. After the end of the PHE, these services may only be provided to established patients. In addition to physicians and other non-physician practitioners, during the PHE, licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits. E-visits are non-face-to-face communications with the practitioner using online patient portals. (CPT codes 99421- 99423 for physicians and CPT codes 98970-98972 for qualified non-physician practitioners). This policy was made permanent in the CY 2021 PFS Final Rule.”
<https://www.cchpca.org/2023/03/MEDICARE-TELEHEALTH-POLICIES-POST-PHE-AT-A-GLANCE-FINAL-MAR-2023.pdf>

Questions

17. What will be the requirements for unvaccinated employees in a facility. Will they still need to test and wear N-95 masks?

Answer: Please review and follow facility policies and procedures for Infection Control and Prevention as well as communicable diseases, that should be written with the guidance of leading National Standards such as The Center's for Disease Control and Prevention as well as the state/local health departments. (CDC Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html#anchor_1604360679150)

Questions

18. Will the cost of the Covid remain covered or will facilities have to pay for supplies?

Answer: KDHE will continue to provide guidance on testing, isolation, Personal Protective Equipment (PPE) usage and reporting requirements to health care facilities through KDHE's Healthcare-Associated Infections & Antimicrobial Resistance (HAI/AR) Program. The HAI/AR Program will continue to assist facilities in their role to control COVID-19 in their facilities.

KDHE will continue to assist Long-Term Care Facilities with emergency staffing if they are experiencing a COVID-19 outbreak past the end of the Public Health Emergency ending. At this time, an end date has not been determined.

Questions

19. Are we still able to continue testing under our CLIA waiver even though the PHE has ended?

Answer: Yes. The CLIA waiver was not specific to COVID-19 testing. Each facility's Certificate of Waiver specifically lists the point of care testing that they are performing so the COW would be specific to COVID-19 testing. I would just take the highlighted portion out since Joan's point is correct that the PHE doesn't affect being able to continue testing. The EUAs for COVID-19 tests issued by the FDA are still valid.

Questions

20. Confirming that we are to continue to notify residents and families about outbreaks as they occur, but no longer have to notify weekly with an update on cumulative cases?

Answer: CMS is exercising enforcement discretion and will not expect providers to meet the requirements at 42 CFR 483.80(g)(3) at this time. All other reporting requirements referenced above remain in effect until December 31, 2024.

Please refer to slide 3.

Questions

21. Do not up to date people still have to screen in ?

Answer: That will depend on facility infection control policy. Please review and follow facility policies and procedures for Infection Control and Prevention as well as communicable diseases, that should be written with the guidance of leading National Standards such as The Center's for Disease Control and Prevention as well as the state/local health departments. (CDC Website:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html#anchor_1604360679150)

Questions

22. Do we go ahead and remove all the ABHR now? That waiver ended so you would cite for those bottles sitting out?

Answer: CMS waived the requirement for ABHR dispensers for SNF/NFs at 42 CFR 483.90(a) during the PHE because of the need for the sudden increased use by staff and others of ABHR in infection control. The waiver of this requirement ends with the conclusion of the PHE. Source [QSO Memo 23-13-ALL](#)

Questions

Additional Questions and Comments

Thank you