



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
*Aging and Long-Term Support Administration*  
PO Box 45600, Olympia, Washington 98504-5600

March 18, 2020  
Amended March 26, 2020

AL TSA: NH #2020-011  
COVID-19 INFORMATION AS OF MARCH 26, 2020

Dear Nursing Facility/Home Administrator:

**The information in this letter is current as of March 26, 2020. Some of this is new and supersedes previous guidance given, while other information repeats and reinforces previous guidance.**

NOTE: In the information below, both CMS and Governor Inslee have given direction on visitation restrictions for nursing homes. Please review both and adhere to the more restrictive policy.

#### **New Information**

This letter is amended to remove information superseded by the Centers for Medicare and Medicaid Services (CMS). On March 23, 2020, CMS superseded QSO-20-12-NH with QSO-20-20-ALL. Information regarding QSO-20-12-NH is removed from this letter. The new guidance from [QSO-20-20-ALL](#) is in a new Dear Nursing Home Administrator letter ([AL TSA: NH #2020-014](#)).

#### **Previously Issued Information Still in Effect**

- 1) Governor proclamation. Issued March 18, 2020, and effective until April 9, 2020, [proclamation 20-18](#) waives and suspends the following nursing home requirements:
  - General inspections prior to license renewal, not including complaint investigations (RCW 18.51.091 and RCW 18.51.230).
  - Medicaid eligibility assessments and Medicaid eligibility for nursing facility care services (RCW 74.42.056 and WAC 388-106-0360).
    - Provides for admission of resident(s) to a nursing home without a completed level of care assessment.
  - Minimum staffing standards of 3.4 hours per resident day of direct care, department oversight of minimum staffing standards and associated penalties and exception process (RCW 74.42.360(2) and WAC 388-97-1090)
  - Registered Nurse (RN) staffing
    - Direct supervision by a registered nurse for large nonessential community providers and associated exception process and admissions limitations (RCW 74.42.360(3) and WAC 388-97-1080(3)(4)(5) and (6)).
    - Direct supervision by a registered nurse or licensed practical nurse for essential community providers and small nonessential community providers (RCW 74.42.360(4) and WAC 388-97-1080 (6) and (8)).

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- For all Medicaid and Medicare certified facilities, federal rules still apply. See F727 and F731 in [Appendix PP](#) of the State Operations Manual for federal rules on registered nurse staffing.
- 2) 1135 Waivers issued by CMS. Washington State has received approval to implement waivers of some federal requirements, based on a blanket waiver offered by CMS. For information on the blanket waiver, go to <https://www.cms.gov/files/document/covid19emergency-declaration-health-care-providers-fact-sheet.pdf>. For information on the response to our state request, go to <https://www.medicaid.gov/state-resourcecenter/disaster-response-toolkit/federal-disaster-resources/?entry=54022>.
- CMS is waiving the requirement at Section 1812(f) of the Social Security Act for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay and provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who need to be transferred as a result of the effect of a disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period.
  - CMS is waiving 42 CFR 483.20 to provide relief to SNFs on the timeframe requirements for Minimum Data Set (MDS) assessments and transmission.
  - CMS is allowing Preadmission Screening and Resident Review (PASRR) Level 1 and Level 2 assessments to be waived for 30 days. All new admissions can be treated like exempted hospital discharges. Level 1 screenings will need to be completed within the nursing facility if a hospital is not able to complete the form prior to admission. After 30 days, new admissions with mental illness (MI) or intellectual disability (ID) should receive a Resident Review as soon as resources become available.
- 3) CMS issued QSO-20-14-NH on March 4, 2020, revised it on March 9, and then revised it again March 13, 2020. The updated information is in [QSO-20-14-NH](#). Revised and new information summary:
- Facilities should restrict visitation of all visitors and non-essential health care personnel except for certain compassionate care situations.
  - Decisions about visitors entering under compassionate care situations will be made on a case-by-case basis. Visitors should be screened, and facilities should require appropriate hand hygiene and personal protective equipment (PPE) be worn.
  - Facilities should follow Center for Disease Control and Preventions (CDC) guidelines for restricting access to health care workers:  
<https://www.cdc.gov/coronavirus/2019ncov/hcp/guidance-risk-assesment-hcp.html>.
  - RCS will constantly evaluate surveyors to ensure they do not pose transmission risk.
  - Additional guidance can also be found on communal dining, screening of residents and staff, identification of staff who work at multiple facilities, communication with family members, resident access to the Ombuds program, and other information.

Nursing homes should continue to admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.

All nursing home stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. CMS ***strongly recommends*** monitoring relevant sources regularly for updates. The QSO memorandum has a list of resources regarding PPE, respirators, infection control and other topics.

- 4) Governor proclamation. Issued March 16, 2020, [proclamation 20-16](#) increased the types of facilities covered by #20-06. The proclamation prohibits visitors from entering a listed facility. The prohibition on visitation does not apply to:
- End of life situations
  - Visits by attorneys, administrative law judges, advocates or similar persons who represent a resident
  - Vendors or volunteers who supply or work in a facility
  - Health care teams such as doctors, behavioral health providers, and home health nurses so that care and service needs of residents are met
  - Department of Social and Health Services staff, including staff from the Developmental Disabilities Administration and Aging and Long-Term Support Administration

**Excluding emergency responders who are screened when they start work, are wearing PPE, and need immediate access to the facility**, all visitors who enter a facility must meet the prohibitions and requirements set out in [Proclamation 20-06](#) (see below).

- 5) Nurse Aide Registered information. The following information clarifies requirements for hiring nurse aides. For further information, please reference 42 CFR §483.35.

Facilities may hire:

- NA-Rs currently enrolled in a non-facility based NA training program;
- NA-Rs currently enrolled in the facility's NA training program;
- An individual without current status as a NA-R.

If the individual does not have current status as a NA-R, they must register with the Department of Health within three days of employment.

The facility is responsible to ensure the NA-R is competent to perform NA tasks. The NA-R may demonstrate competencies for specific tasks to the program they are enrolled in or to a licensed nurse in the facility.

- 6) Nursing Home Infection Control Inspections. Effective March 18, 2020, Residential Care Services has received direction from the COVID-19 Long Term Care Incident Command to complete focused reviews of Nursing Home infection control procedures and assess current Personal Protective Equipment (PPE) supplies.
- We will not cite for lack of PPE per the direction of CMS; however, this information is important for us to report up to the Incident Command.
  - The authority to complete these inspections is at RCW 18.51.210.

- 7) On March 10, 2020, the governor issued [Proclamation 20-06](#), which amends [20-05](#). Proclamation 20-06 contains the following significant prohibitions for nursing homes and assisted living facilities to protect residents against COVID-19:
- No more than one visitor is allowed per day per resident. Visitors must be adults and visits must take place in the resident's room. This does not apply to end of life situations, nor does it apply to health care professionals such as doctors, behavioral health providers, home health nurses, and other health care professionals who provide needed care and services to residents.
  - Visitors must be screened according to criteria listed in the proclamation.
  - Visitors must sign in on a reporting log and facilities must keep the logs for 30 days.
  - Employees and volunteers must be screened at the start of their shift, and are not permitted to work or volunteer if they show symptoms associated with COVID-19.
  - Residents under a recommendation or order from the Washington State Department of Health (DOH) or the local health jurisdiction for isolation or quarantine for COVID-19 must be isolated in their rooms. A resident can choose to leave at any time.
  - Nursing facility staff and volunteers are prohibited from disclosing protected and confidential information except as provided by law or with the consent of the resident.
  - The proclamation waives and suspends certain RCWs and WACs, and is effective until April 9, 2020.
- 8) Also on March 10, 2020, CMS clarified the application of CMS policies in light of recent Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) guidance expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections. This guidance is in CMS memorandum [QSO-20-17-ALL](#). Under some circumstances, a facemask is an acceptable alternative to a N95 respirator. In addition, certain respirators typically used in industrial settings but not used in health care were deemed acceptable for use by facilities who cannot obtain a supply of approved healthcare respirators.
- 9) On February 6, 2020, The Centers for Medicare and Medicaid Services issued QSO memo [20-09-ALL](#). In the memo, CMS strongly urged the review of The Centers for Disease Control and Prevention's (CDC) guidance and encouraged facilities to review their own infection prevention and control policies and practices to prevent the spread of infection. Suggested elements of facility practice to review:
- Review your emergency preparedness plan for actions your facility will take for "emerging infectious diseases." The 2016 Emergency Preparedness Final Rule requires facilities to include "emerging infectious diseases" in their emergency preparedness plans.
  - Monitor for compliance with basic infection control practices. For suspected or confirmed 2019 novel coronavirus, CDC is currently advising adherence to Standard, Contact, and Airborne Precautions, including the use of eye protection.
  - Monitor for compliance with standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations. If hands are visibly soiled, wash with soap and water for at least 20

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seconds. Healthcare facilities should ensure that hand hygiene supplies are readily available.

- Review for appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection. If there is difficulty accessing or ordering PPE, please contact the local health jurisdiction.

### **General Information**

You must report suspected or confirmed cases of COVID-19 to your local health jurisdiction and to the Residential Care Services Complaint Resolution Unit (CRU).

For information on how and when to report to your local health jurisdiction, please use this link:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>

For more information about how to best protect residents, staff, and yourself, and to get the most current guidance for your facility, please visit the CDC, CMS, and DOH web sites listed at the bottom of this letter frequently as the situation is changing rapidly.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact your local RCS Field Manager or Lisa Herke, Policy Program Manager, at (509) 209-3088 or [Lisa.Herke@dshs.wa.gov](mailto:Lisa.Herke@dshs.wa.gov).

Sincerely,



Candace Goehring, Director  
Residential Care Services

DSHS: "Transforming Lives"

## COVID-19 LINKS AND ADDITIONAL INFORMATION

Last Updated 3/26/20

### Aging and Long Term Support Administration (AL TSA)

- [AL TSA Nursing Home Professionals](#)
- [Provider Letters](#)
- [AL TSA COVID-19 Guidance and Resources](#)

### Washington State Department of Health (DOH)

- [Department of Health](#)
- DOH Hotline: 1-800-525-0127
- [COVID-19 Outbreak](#)
- [DOH Recommendations for LTC Facilities during COVID-19 Outbreak](#)
- [Local Health Jurisdiction interactive directory map](#)

### Centers for Disease Prevention and Control (CDC)

- [CDC COVID-19](#)
- [CDC Personal Protective Equipment](#)

### Centers for Medicare and Medicaid Services (CMS)

- [COVID-19 Disaster Toolkit](#) has links to memos, guidance, billing and coding information, Medicaid and CHIP Resources, **including 1135 Waivers**.

## Memos from CMS

March 23, 2020: [QSO-20-20-All](#) prioritized survey activities for three weeks, beginning 3/20/20.

March 13, 2020: [QSO-20-14-NH REVISED](#) provides additional guidance to help improve infection control and prevention practices, including revised guidance for visitation.

March 10, 2020: [QSO-20-17-ALL](#) provides guidance on the expanded types of facemasks and respirators healthcare workers may use.

March 4, 2020: [QSO-20-12-ALL](#) provides information on the suspension of survey activities.

February 6, 2020: [QSO-20-09-ALL](#) provides general information concerning COVID-19.

## Additional Information

- [Governor Jay Inslee Proclamations](#)
  - March 18, 2020, proclamation #20-18 temporarily waived certain nursing home rules for staffing, licensing, and other rules.
  - March 16, 2020, proclamation #20-16 increased the types of facilities covered by #20-06. The proclamation increased the prohibitions on visitation at nursing facilities, with some specific exceptions and conditions.
  - March 10, 2020, proclamation #20-06 relates to visitation conditions for nursing homes.