

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

October 31, 2022

ALTSA: NH #2022-060 CENTERS FOR MEDICARE AND MEDICAID SERVICES RELEASED REVISED QSO-20-38-NH, UPDATING FACILITY TESTING REQUIREMENTS FOR STAFF AND RESIDENTS

Dear Nursing Facility/Home Administrator:

On August 26, 2022, CMS released QSO-20-38-NH regarding Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements. This included requirements for staff and residents.

On September 23, 2022, the Centers for Medicare and Medicaid Services (CMS) released <u>*Revised* QSO-20-38-NH</u>, updating COVID-19 testing requirements in nursing homes. The procedures are effective immediately.

Reporting Updates:

CMS instructs facility staff, regardless of their vaccination status, to **report** any of the following to occupational health or another point of contact designated by the facility so they can be properly managed:

- A positive viral test for SARS-CoV-2,
- Symptoms of COVID-19, or
- A higher-risk exposure to someone with SARS-CoV-2 infection.

Updates to Testing of Staff and Residents with COVID-19 Signs or Symptoms:

- Staff or residents with symptoms must be tested as soon as possible.
- While test results are pending, residents with signs and symptoms should be placed on transmission-based precautions (TBP) in accordance with <u>CDC guidance</u>.
- Routine testing of asymptomatic staff is not generally recommended and is up to the discretion of the facility. See <u>CDC Interim Infection Prevention and Control</u>
 <u>Recommendations for Healthcare Personnel During the Coronavirus Disease 2019</u>
 (COVID-19) Pandemic guidance for additional information.

Testing of Staff and Residents During an Outbreak Investigation

- An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed. An outbreak investigation would not be triggered when a resident with known COVID-19 is admitted directly into TBP, or when a resident known to have close contact with someone with COVID-19 is admitted directly into TBP and develops COVID-19 before TBP are discontinued.
- Upon identification of a single new case of COVID-19 infection in any staff or resident, testing should begin immediately (but not earlier than 24 hours after the exposure, if known).

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For testing information of residents who are newly admitted or readmitted to the facility and those who leave the facility for 24 hours or longer, see the "Managing admission and residents who leave the facility" section of the CDC's interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic webpage.

Resident Testing – Refusals

Residents (or resident representatives) may exercise their right to decline COVID-19 testing in accordance with the requirements under 42 CFR§483.10(c)(6). Facilities must have procedures in place to address residents who refuse testing and should ensure they are managed in accordance with the CDC guidance for use of TBP.

Other Testing Considerations

Testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days. Facilities should continue to monitor CMS and <u>CDC guidance</u> and <u>FAQs</u> for the latest information.

Thank you for your continued commitment to resident health and safety. If you have any questions related to nursing home testing requirements, please contact <u>DNH_TriageTeam@cms.hhs.gov</u>. For any additional questions, contact Molly McClintock, Nursing Home Policy Program Manager at <u>molly.mcclintock@dshs.wa.gov</u> or (360) 742-6966.

Sincerely,

amy ablott

Amy Abbott, Director Residential Care Services

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