

Nursing Home Reopening Recommendations Frequently Asked Questions

This FAQ answers a range of questions on the topics of:

- Reopening
- Visitation
- Testing Requirements

1. Where can I find the most up-to-date information from CMS on COVID-19?

For a complete and updated list of CMS actions in response to COVID-19, and other information specific to CMS, please visit the [Current Emergencies Website](#). To keep up with the important work the White House Task Force is doing in response to COVID-19, visit www.coronavirus.gov.

2. What is CMS releasing today?

CMS is providing recommendations to state and local officials to help determine the level of mitigation required to continue preventing the spread of COVID-19 within nursing homes, especially as many states begin a phased reopening.

3. What steps should nursing homes take before reopening to visitors?

Nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19. In addition, they should follow state and local direction. Because nursing home residents are especially vulnerable, CMS does not recommend opening facilities to visitors (except for compassionate care situations) until phase three when:

- there have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two)
- the nursing home is not experiencing staff shortages
- the nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents
- the nursing home has adequate access to testing for COVID-19
- Referral hospital(s) have bed capacity on wards and intensive care units

4. Why are there additional criteria for reopening nursing homes when many states seem to be loosening restrictions on workplaces, business, stores, etc.

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of close quarter living in a healthcare

setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes. Continued adherence to these criteria will help to ensure residents remain safe.

5. Why isn't CMS requiring testing in nursing homes?

The Guidelines for Opening Up America Again call for robust testing and contact tracing. Nursing home testing is a cornerstone of these guidelines and efforts. The guidelines direct states to be prepared to deploy testing resources first and foremost to nursing homes so that any potential outbreak of the coronavirus among the most vulnerable population can be monitored. Testing should be done proactively in nursing homes and everyone should be tested – this is the backbone of building a national coronavirus surveillance system.

To aid in this effort and rapidly expand COVID-19 testing, CMS recently issued a [ruling](#) that Medicare will pay a rate of \$100 for certain laboratory tests that use high-throughput technologies to rapidly process large numbers of specimens for COVID-19 testing per day. On April 2, CMS issued a call to action for nursing homes and state and local governments urging leaders to work closely with nursing homes on access to testing and PPE.

CMS is constantly evaluating our guidance and the status of the conditions in facilities. We will continue to make changes based on those evaluations, as we have issued an unprecedented amount of guidance to date.

6. What is CMS doing to increase testing in nursing homes?

In the Guidelines for [Opening Up America Again](#), testing is one of the Core State Preparedness Responsibilities. Specifically, nursing home testing is a cornerstone of these guidelines and efforts. The guidelines direct states to be prepared to deploy testing resources first and foremost to nursing homes to enable close monitoring of any potential outbreak of Coronavirus among this vulnerable population. Additionally, the CMS issued a call to action for state and local governments that reinforced its infection control responsibilities and urged leaders to determine the local needs for COVID-19 testing, including making testing in nursing homes a priority.

Testing should be done proactively in nursing homes and everyone should be tested – this is the backbone of building a national coronavirus surveillance system. To aid in this effort and rapidly expand COVID-19 testing, CMS recently issued a [ruling](#) that Medicare will pay a rate of \$100 for certain laboratory tests that use high-throughput technologies to rapidly process large numbers of specimens for COVID-19 testing per day. In addition to

expanding access to diagnostic testing available to Medicare beneficiaries, CMS expedited review of applications for a Clinical Laboratory Improvement Amendments (CLIA) certificate and ensuring that laboratories located in the United States wishing to perform COVID-19 testing are able to begin testing as quickly as possible. In early April, CMS also implemented a change to Medicare payment policies that allows for payment to independent laboratories for specimen collection from beneficiaries who are homebound or non-hospital inpatients for COVID-19 testing under certain circumstances.

7. Is COVID-19 testing required in nursing homes, or do nursing homes have to comply with family requests for testing of residents?

CMS and our partners on the White House Coronavirus Task Force are taking aggressive action to protect those most vulnerable to the 2019 Novel Coronavirus (COVID-19). A dedicated Nursing Home Task Force, which includes CMS and the Centers for Disease Control and Prevention (CDC), meets daily with a singular focus of safeguarding the health of the elderly residing in nursing homes.

A decision to order a COVID-19 test for a patient is made by that patient’s physician or health care provider. CMS continues to direct nursing homes to the latest guidance from the CDC on COVID-19 testing. In addition, nursing homes must follow any state or local requirements for COVID-19 screening, testing, and reporting. Ultimately, nursing homes are responsible for the health and safety of their residents.

CMS has taken several important actions to expand access to diagnostic testing available to Medicare beneficiaries, individuals, nursing homes and hospitals during this public health emergency. Last month, CMS expedited review of applications for a CLIA certificate and ensuring that laboratories located in the United States wishing to perform COVID-19 testing are able to begin testing as quickly as possible. In addition, in early April, CMS implemented a change to Medicare payment policies that allows for payment to independent laboratories for specimen collection from beneficiaries who are homebound or non-hospital inpatients for COVID-19 testing under certain circumstances. For a full list of actions, visit CMS’ [Frequently Asked Questions \(FAQs\) document](#).

8. What factors should state and local health officials consider before relaxing restrictions in nursing homes?

CMS encourages any decisions to relax requirements within nursing homes to be made after a careful review of facility-level, community, and state factors/orders as well as in collaboration with state and local health officials and nursing homes. Additionally, state and local officials should consider the following as a part of a comprehensive reopening plan:

- Case status in surrounding community
- Case status in the nursing home(s)
- Staffing levels
- Access to adequate testing for residents and staff
- Personal Protective Equipment supplies
- Local hospital capacity

More information can be found in the Nursing Home Reopening Recommendations Memo (insert URL)

9. How often should a nursing home test its staff?

All staff should receive a baseline test, and continue to be tested weekly.

10. How often should a nursing home test its residents?

Nursing homes should have a comprehensive plan for testing. All residents should receive a single baseline test for COVID-19. Also, all residents should be tested upon identification of an individual with symptoms consistent with COVID-19 or if an employee or staff member tested positive for COVID-19.

11. When will visitors be allowed in nursing homes?

Continuing to restrict visitation is understandably challenging for families, but is necessary in order to protect residents from possible transmission of the virus. Nursing homes should continue to restrict visitation in general based upon the following recommended guidelines:

Phase One: Visitation is generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken,

including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors wear a cloth face covering or facemask for the duration of their visit.

Phase Two: Due to the elevated risk COVID-19 poses to the health of nursing home residents, visitation is still generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors wear a cloth face covering or facemask for the duration of their visit.

Phase Three: Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must a cloth face covering or facemask for the duration of their visit.