

Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities

Frequently Asked Questions and Resources

The Department of Human Services (Department) is issuing this document to address questions from Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities regarding the [Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities](#), as updated on October 26, 2020. Revisions are in red text.

Lifting Restrictions in PCHs, ALRs and ICFs

Q: We are to have the capacity to administer COVID-19 diagnostic tests to all residents showing symptoms of COVID-19 and do so within 24 hours. Does this mean the results must be available within 24 hours? When does the 24 hours begin – after the first symptoms appear?

A: The test should be administered within 24 hours after the first symptoms are observed in a resident. The results should be available within a reasonable timeframe, depending on laboratory capacity.

Q: We are to have a plan to ensure adequate staffing. Is that interpreted as meeting regulations at 55 Pa. Code §§ 2600.57, 2800.57, and 42 CFR § 483.430?

A: Yes, there should be no staffing shortages while lifting restrictions and the facility should not be under a contingency staffing plan. Therefore, the facility should meet or exceed the regulatory requirements.

Q: Do we need to wait for the licensing program office to conduct an on-site or remote visit and approve our implementation plan prior to re-opening?

A: The licensing program office will notify you if they intend to conduct an on-site or remote visit or have concerns about your re-opening. Your implementation plan does not need to be approved by the licensing program office; however, it is required that the respective regional office be notified before proceeding with re-opening.

Q: The guidance indicates that if at any point during Steps 1, 2, or 3 there is a new facility outbreak of COVID-19 cases, the facility must cease lifting restrictions. Does this mean the facility can have more than one case prior to ceasing lifting restrictions?

A: Lifting restrictions must cease with the first case of new facility onset of COVID-19, or when there is otherwise an outbreak (including a staff member, volunteer, or Compassionate Caregiver who tests positive for COVID-19 and was present in the facility during the infectious period, either 48 hours prior to the onset of symptoms or 48 hours prior to a positive test result if the staff person is asymptomatic).

Q: What if a visitor, non-essential personnel, or volunteer refuses to be screened or adhere to universal masking or social distancing? Should they be prohibited from entering the facility?

A: Yes, the visitor may not enter the facility; however, alternative methods of communication should be provided.

Q: Does an “unexposed resident” include a resident that tested negative during universal testing?

A: No. A resident unexposed to COVID-19 will have had no known recent exposure to the virus that causes COVID-19 regardless of prior negative test results.

Q: Do we need to report to anyone what phase our facility is in?

A: Yes, Personal Care Homes and Assisted Living Residences should notify their Office of Long Term Living Regional Director prior to moving from one step to another. Private Intermediate Care Facilities must notify the Office of Developmental Programs through RA-PWODPEMRGNCYSRQ@PA.GOV.

Q: Can a facility decide not to lift restrictions?

A: The Governor, the Secretary of Health, and the Secretary of Human Services believe that facilities intend and are attempting to care for their residents appropriately. As such, facilities are to implement policies that align with residents' rights. Although many regulations have been suspended, as authorized by the Governor's Proclamation of Disaster Emergency, facilities should follow guidance for lifting restrictions and reopen when it meets the criteria. Adherence to the spirit of any regulation that impacts a resident's socialization and mental health should be a priority.

Q: The criteria for advancing to and retreating from the steps are complex. Is there more explanation for this available?

A: Please see Attachment A to this document, which simplifies the criteria by showing them in a flow chart.

Q: Are activities permitted with residents who are considered exposed (meaning they have a known recent exposure to the virus that causes COVID-19 or have had a positive test result for the virus that causes COVID-19 in the past 14 days)?

A: No.

Q: Is there a limit to the number of visitors the facility can allow?

A: The facility is to determine the allowable number of visitors and convey that in their implementation plan. The number of visitors per resident or in the facility (or on facility grounds) at one time must not exceed a number than can safely adhere to the requirements in the guidance for social distancing.

Q: Our facility does not want to admit volunteers to the facility until Step 3. Is that okay?

A: The use of volunteers is allowed at Step 2 in a limited manner (per the guidance), but not required. The facility should describe their use and allowance of volunteers in their implementation plan.

Facilities should take into consideration the connection between mental, emotional, and physical health when making decisions about volunteers who visit with residents. Prolonged isolation may so significantly impact a resident's mental and emotional health that their physical health becomes impaired.

Q: May all residents receive visitors?

A: Exposed residents (meaning those residents with a known exposure to the virus that causes COVID-19 or who have had a positive test result for the virus that causes COVID-19 in the past 14 days) are not permitted to have visitors, to enable the facility to contain the virus. When an exposed resident has met the requirements in [PA-HAN-517](#) for discontinuation of Transmission-Based Precautions for patients with COVID-19, that resident may have visitors if the facility is in Step 2 or 3 of the lifting restrictions process.

Testing

Q: Our facility has created a plan for screening (aka surveillance testing). Does the Department of Human Services need to approve that plan?

A: No, the Department does not need to approve that plan. However, the plan should have been created in accordance with DHS's [Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities](#).

Q: Our facility conducted screening testing and is still waiting for results more than 48 hours later. Do we need to notify anyone that the results are not back yet?

A: There is no need to notify the Department, but the facility needs to document the challenges relating to testing and be prepared to share them during their inspection.

Q: A resident was admitted to our facility with a test pending from the hospital and the facility subsequently received the result as a positive. Is this to be reported as a positive case for our facility?

A: Yes, it is to be reported to using the COVID-19 Reporting Tool as a positive case for the facility.

Q: If a new resident tests positive in the facility during the 14-day incubation period after a hospital stay, is this to be reported?

A: Yes, it is to be reported to using the COVID-19 Reporting Tool as a positive case for the facility.

Q: A volunteer who helped at our facility a week ago called off this week because she was sick. She had symptoms of COVID-19 so she went on her own for a test. She reported to the facility today that the test was positive. How do we report this? She is not our employee, we did not test her, and she may have volunteered in other facilities recently as well.

A: In this instance, there is no need to make this report using the COVID-19 Reporting Tool. However, ensure that testing and appropriate transmission-based precautions are in place in the facility.

Q: The current Department of Human Services guidance refers facilities to the Centers for Medicare and Medicaid Services (CMS) data site and the Department of Health's COVID-19 Early Warning Monitoring System Dashboard to determine the positivity rate in their county (which determines their testing intervals). Which source of data should we use?

A: CMS has clarified that a facility may choose the data source for their county's positivity rate. A facility may choose the [CMS data](#), [Department of Health data](#), or another published source such as county data. Once the facility has chosen their data source, they must continue to use that same source. The facility should document which data source they have selected.

Q: Is the county positivity rate the infection rate in our county or the percentage of positive tests?

A: The county positivity rate is the percentage of tests in the county that were positive for the virus that causes COVID-19. Facilities should note that CMS and the Department of Health calculate the percentage of tests differently, which is why there is sometimes a discrepancy between the CMS and the Department of Health's data. The calculations are different because CMS uses a 14-day time period with additional criteria, while the Department of Health uses a 7-day time period and no additional criteria. This is why once a facility picks a data source to use for testing frequency, they must continue to use that data source moving forward.

Q: Please explain when and how often we should be checking the county positivity rate for our county to determine our testing frequency.

A: The following steps may be helpful in clarifying the requirements to get started:

1. Determine which day of the week the facility will check the county positivity rate on alternating weeks. For example, the facility might pick Tuesday.
2. Determine the source the facility will consistently use for their county positivity rate (e.g., CMS or Department of Health).
3. On the day of the week previously selected (e.g., Tuesday), check the county positivity rate from the selected data source. Compare it to Screening Testing Table in September's guidance to

determine whether the county's positivity rate falls within the Low, Moderate, or Substantial level of community COVID-19 activity. Administer testing at the frequency outlined in the Table.

4. In two weeks, on the day of the week previously selected (e.g., Tuesday), check the county positivity rate for the county from the source previously selected. Compare it to the Screening Testing Table in September's guidance to determine whether the county's rate falls within the Low, Moderate, or Substantial level of community COVID-19 activity.
 - If the county positivity rate is at the same level as the last time it was checked, continue the frequency of testing currently being performed.
 - If the county positivity rate is at a higher level than the last time it was checked, the testing frequency must change in accordance with the Table.
 - If the county positivity rate decreases to a lower level of activity from the previous time it was checked, testing should continue at the current frequency level for at least two weeks before reducing testing frequency.

Q: Since the point of care testing is antigen testing, when (if at all) will it need to be confirmed by a PCR test?

A: The Centers for Disease Control and Prevention (CDC) has published [Considerations for Interpreting Antigen Test Results in Nursing Homes](#) and the Department has issued [HAN 526, Point-of-Care Antigen Testing for SARS-CoV-2 in Long-term Care Facilities](#). Facilities should consult these resources for further guidance.

Q: Do we need to enter all the positive antigen test results in NEDSS?

A: Yes, and negative test results must be entered as well. Click [here](#) for more information about point of care testing and reporting of test results.

Q: Does this mean we will have to do monthly testing always, at least once per month?

A: If the level of community COVID-19 activity is Low (according to the Screening Testing Table in the Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities), then routine testing of asymptomatic staff should occur every four to six weeks, and routine testing of asymptomatic residents is not recommended. Follow the testing frequency in the Table for initial testing and when the level of community COVID-19 activity changes.

Q: Please clarify the definition of *staff*. Does this include individuals coming into the facility infrequently such as x-ray technicians or imaging?

A: For purposes of testing, use the definition of *staff* in the Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities. If those coming in are contractors of the facility, they fall under this definition so their contracts should include provisions for testing requirements. This documentation will be included in the Department's surveyor review.

Q: The first paragraph on page 5 of the CMS Memorandum (QSO-20-38-NH) refers to "contact" with the local or state health department. For Pennsylvania, what does that mean? And what is an acceptable form of documentation? For example, we have an unmet needs assessment form. Is completion of that form sufficient?

A: "Contact" in the CMS memorandum means the facility would reach out to their local health department (i.e., county/municipal health department if one exists or the local office or the Department). Any form of documentation is acceptable such as copies of emails, internal facility forms, and phone notes with dates and times. The unmet needs assessment form is sufficient with proof of submission.

Q: Will the state be providing a training webinar on entering the point of care testing data into NEDSS?

A: The Department recently released a [PA-NEDSS Manual Test Reporting Instructions](#) and [Reporting FAQ](#) which explains how to enter cases manually into PA-NEDSS. This includes step-by-step instructions with screen shots. Other mechanisms to allow for upload of data via an Excel worksheet are being explored. Facilities should first consult these thorough resources, and if additional questions remain, the Department will consider a webinar.

Q: Our facility has an adjoining facility that received antigen testing equipment. May we use the point of care antigen testing equipment for all our facilities?

A: The facility may use the equipment for whomever they choose, as long as sufficient supplies and equipment remain available to meet the testing requirements per CMS for skilled nursing facility staff. After a facility uses the kits and the machines provided by the federal government, the facility will be responsible for continuing to procure needed machines and kits through their normal supply chain/vendors to meet the CMS regulatory requirements. Keep in mind that the BD Veritor Plus System has a lifespan of approximately 3,500 tests. Replacement of the machine and testing kits are the responsibility of the facility.

Q: What training is available for individuals operating the antigen machines?

A: Many of the manufacturers of antigen machines make online training available and it is suggested that anyone performing these types of tests review instructions for use (IFUs) and review any materials or training provided by the manufacturer. There is also a booklet and training that is provided by CDC. While training is not required it is certainly recommended:

<https://www.cdc.gov/clia/docs/waived-tests/ready-set-test-booklet.pdf>

<https://www.cdc.gov/labtraining/training-courses/ready-set-test.html>

Other

Q: Are facilities with active outbreaks permitted to send non-positive residents on green zones out for non-urgent/elective medical appointments?

A: Yes, residents should continue to receive necessary medical care.

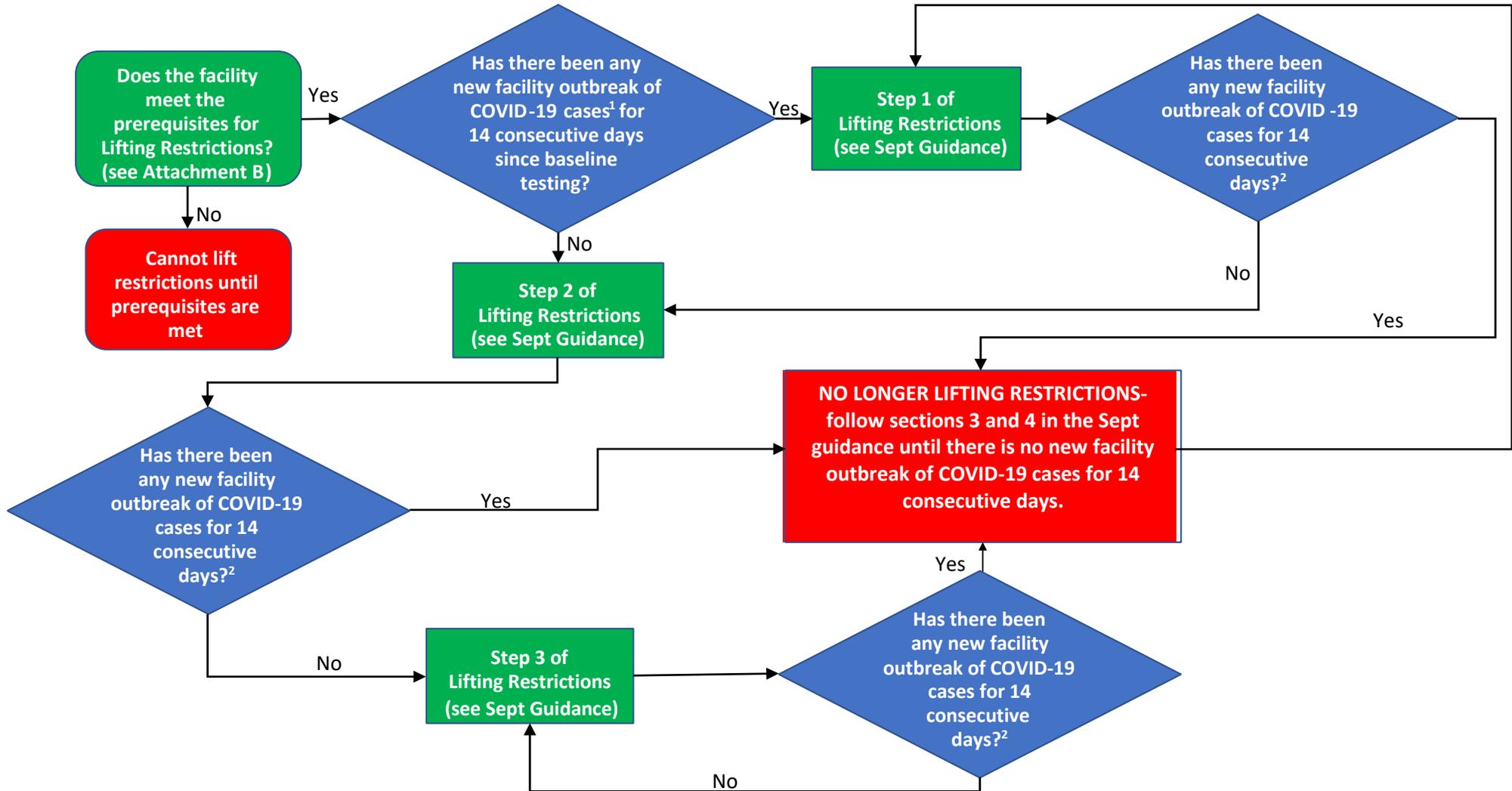
Q: May family members transport residents from the facility to their medical appointments?

A: Yes, that is the resident's choice if there is no known risk of COVID-19 transmission based on the facility's current screening and testing protocols. The family member and the resident should adhere to appropriate infection control protocols including masking, hand sanitation, and social distancing.

Q: Where should I direct a question that is not covered in this document?

A: A facility may reach out to their Regional Response Health Collaborative (RRHC) with questions. Questions may also be directed to ra-pwarlheadquarters@pa.gov for Personal Care Homes and Assisted Living Residences and to RA-PWODPEMRGNCYSRQ@PA.GOV for private Intermediate Care Facilities.

**ATTACHMENT A
FLOWCHART FOR LIFTING RESTRICTIONS**



¹“**Outbreak**” means that a staff person, volunteer or Compassionate Caregiver tests positive for COVID-19 and was present in the facility during the infectious period, or there was a new facility onset of a COVID-19 case or cases. “New facility onset of COVID-19 cases” refers to COVID-19 cases that originated in the facility. This does not include cases where the facility admitted an individual from a hospital with a known COVID-19 positive status, or who became COVID-19 positive within 14 days after admission but had been safely isolated. In other words, if the number of COVID-19 cases increases because a facility is admitting residents from the hospital AND they are practicing effective Transmission-Based Precautions to prevent the transmission of COVID-19 to other residents, that facility may still advance through the steps of lifting restrictions. However, if a resident contracts COVID-19 within the facility without a prior hospitalization within the last 14 days, the facility has new facility onset of COVID-19.

²If at any point during the 14 consecutive days there is any new facility onset of COVID-19 cases, the facility is no longer lifting restrictions.

ATTACHMENT B
CHECKLIST FOR PREREQUISITES TO LIFTING RESTRICTIONS

In accordance with the *Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities*, all prerequisites must be met before a facility enters Step 1, advances to each new Step, or remains in each Step. Those prerequisites, at a minimum, should be detailed in the facility's Implementation Plan. This checklist is intended to assist facilities in ensuring inclusion of all prerequisites. Facilities may also use the Department's Template for an Implementation Plan to create their plan, if desired.

- A testing plan that, at minimum:
 - Identifies when baseline testing of all residents and staff has been or will be completed;
 - Describes the ability to have COVID-19 diagnostic tests administered to all residents showing symptoms of COVID-19 and do so within 24 hours;
 - Describes the capacity to administer COVID-19 diagnostic tests to all residents and staff if the facility experiences an outbreak;
 - Describes the capacity to administer COVID-19 diagnostic tests to all staff, including asymptomatic staff;
 - Describes a procedure for addressing needed testing of non-essential staff and volunteers; and
 - Describes a procedure for addressing residents or staff that decline or are unable to be tested.
- A plan to cohort or isolate residents diagnosed with COVID-19 in accordance with [PA-HAN-530](#) pursuant to Section 6 of the *Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities*.
- A written protocol for screening all staff at the beginning of each shift, each resident daily, and all persons (visitors, volunteers, non-essential personnel, and essential personnel) entering the facility or facility grounds.
- A plan to ensure and maintain a current cache of an adequate supply of personal protective equipment for staff (based on the type of care expected to be provided).
- A plan for adequate staffing that ensures no staffing shortages and that the facility is not under a contingency staffing plan.
- A plan to allow for communal dining and activities to resume pursuant to the guidance provided in Section 5 of the *Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities*.
- A plan to allow for visitation pursuant to the guidance provided in Section 3 and 5 of the *Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities*.
- A policy to address safety measures beyond additional testing to safeguard the spread of the virus from residents who leave the facility routinely (outings).**
- Post the Implementation Plan on the facility's website, if the facility has an existing website, or make it available to all residents, families, advocates such as the Ombudsman, and the Department upon request.