



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

April 3, 2020

ALTSA: ICF/IID #2020-008
QSO 20-23-ICF/IID & PRTE - LIMITING THE TRANSMISSION OF COVID-19

Dear ICF/IID Superintendent:

The Centers for Medicare/Medicaid Services (CMS) is providing additional guidance to intermediate care facilities to help improve infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation. See [QSO 20-23-ICF/IID & PRTE](#). CMS will issue blanket waivers [CMS-covid-19-emergency-declaration-waivers.pdf](#) of certain requirements and will review other individual waiver requests on a case-by-case basis, which will ease certain requirements for impacted facilities.

CMS recommends continued coordination with the Centers for Disease Control and Prevention (CDC) and local public health jurisdictions at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. RCS staff will continue to implement the previous guidance from CMS with Targeted Infection Control Surveys and continue to suspend enforcement for ICF/IID facilities. See [QSO-20-20-All](#) for details.

[QSO 20-23- ICF/IID & PRTE](#) provides a significant amount of information. While we understand that you have been inundated with information, briefly outlined below is additional CMS guidance for ICF facilities:

- CMS has not temporarily waived the minimum staff requirements for ICF/IIDs. The CDC has established specific risk categories and provided recommendations regarding self-isolation and asymptomatic health care providers. An ICF/IID facility may request a state-specific 1135 waiver as a potential solution for staffing shortages. [hcp/guidance-risk-assesment-hcp.html](#)
- There is flexibility in cohorting clients for purposes of mitigating transmission. CMS encourages consultation with state public health agencies to address combining facilities and staffing.
- If broad testing for the coronavirus is not implemented in your facility, you are to follow the guidance of the Washington State Department of Health <http://www.doh.wa.gov/>
- Monitor facility staff using the risk assessment tool: [hcp/guidance-risk-assesment-hcp.html](#).
- Limiting community activities for ICF/IID clients in accordance with current CDC guidance and other state and federal requirements. [coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html](#)
- Active Treatment requirements can be modified for COVID-19 cases. Under [42 CFR 483.440\(c\)](#), a modification can be made to the client's Individual Program Plan with the approval of the interdisciplinary team. Refer to the facility Emergency Preparedness policy and procedures to help address how to manage active treatment during an infection control emergency.
- Quarantine options: There may be a number of alternate care models that ICF/IID programs could develop to separate positive COVID-19 patients from other patients. In all cases, ICF/IIDs should keep clear records of clients who are moved, and should respond appropriately to ensure the health and safety of those clients during transit and at the new location.

- For clients who have been found positive for COVID-19 virus, the ICF/IID EP plan and Individual Program Plan should include what specific procedures and steps should be taken for quarantine of the client while also taking every step reasonable to protect the rights, safety and health of the infected clients and as well as those of the staff/s and other clients. The facility quarantine procedures and steps should be consistent with the recommendations of the state and federal health agencies.
- Facilities are to continue to implement good infection control practices and perform thorough environmental cleaning. [coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)
- Facilities should actively screen and restrict visitation or healthcare service providers by those who meet the following criteria:
 1. Signs or symptoms of a respiratory infection, such as a fever, cough, or difficulty breathing.
 2. Contact with someone with or under investigation for COVID-19 or ill with respiratory illness.
 3. International travel within the last 14 days to countries with widespread or ongoing community spread of COVID-19. <https://wwwnc.cdc.gov/travel/notices/>
 4. Residence in a community where community-based spread of COVID-19 is occurring. <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- Clients infected with COVID-19 may not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room are not required to transfer the client assuming:
 1. The client does not require a higher level of care.
 2. The facility can adhere to the rest of the infection prevention and control practices recommended for caring for a client with COVID-19.
- Facilities should take advantage of the telehealth benefits available to Medicare and Medicaid beneficiaries who will be able to receive various services through telehealth including common office visits, mental health counseling, and preventive health screenings. Links for Medicare and Medicaid telehealth information: [cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)
- Honoring Client rights: Currently, having clients in their room with the door closed is the primary recommendation by the CDC for long-term care facilities. Other options are available and may include individual facemasks (covering over their nose/mouth) and six-foot social distancing. Facilities will have to consider multiple solutions to quarantine.
- ICF/IID facilities can accept a client diagnosed with COVID-19 and still operate under transmission-based precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-based Precautions. See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#clinical-management-treatment%3C>

Thank you for your continued commitment to client health and safety. If you have any questions, please contact Shana Privett, ICF/IID Policy Program Manager, at (360) 764-6320 or Shana.privett@dshs.wa.gov.

Sincerely,

Candace Goehring, Director
Residential Care Services

DSHS: "Transforming Lives"