



Indiana
Department
of
Health

Long-term Care **NEWSLETTER**

LTC Newsletter 2022-14
March 17, 2022

LTC Update:

- **Emergency Order for COVID-19 Waivers – Reissued and expire July 1, 2022**
- **CMS Updates – QSO-20-38-NH and QSO-20-39-NH – Revised**
- **Source Control (Masks) – Update**
- **Aerosol Generating Procedures (AGP) – Update**
- **CMP Applications for Portable Fans and Portable Room Air Cleaners**

Emergency Order for COVID-19 Waivers reissued and expire July 1, 2022

On March 3, Gov. Eric Holcomb rescinded the state's public health emergency declaration. The regulatory blanket waivers for comprehensive care facilities and residential care facilities are still in effect for 45 days after the public health emergency ends. To allow facilities adequate time to come into compliance and ensure staff meet all appropriate training requirements, the Indiana Department of Health (IDOH) has issued new waivers extending the expiration date to July 1.

<https://www.coronavirus.in.gov/covid-19-actions-regulatory-waivers/>

CMS QSO-20-38-NH and QSO-20-39-NH – Revised

CMS memos [QSO-20-38-NH-Revised](#) and [QSO-20-39-NH-Revised](#) were revised on March 10, to replace the term "vaccinated" with "up-to-date with all recommended COVID-19 vaccine doses" and deleted "unvaccinated." QSO-20-38-NH also updated the recommendations for testing

individuals within 90 days after recovering from COVID-19. QSO-20-39-NH updated visitor screening and quarantine criteria.

Source Control (Masks) – Updates when the county is in low to moderate transmission and based on up-to-date vaccination status

CDC Guidance: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

Defining Community Transmission of SARS-CoV-2

Two different indicators in CDC's [COVID-19 Data Tracker](#) are used to determine the level of SARS-CoV-2 transmission for the county where the healthcare facility is located. If the two indicators suggest different transmission levels, the higher level is selected.

Staff (HCP):

- HCP who are up to date with all recommended COVID-19 vaccine doses can choose to not wear source control or physical distance in areas where there are no residents present (i.e. staff meetings, kitchens, offices).
- HCP should wear source control when they are in areas of the healthcare facility where they could encounter residents (e.g., resident rooms, dining rooms, common halls/corridors).

Residents:

- Residents who are up to date with all recommended COVID-19 vaccine doses may choose to not wear source control when in communal areas of the facility; however, residents at [increased risk for severe disease](#) should still consider continuing to practice physical distancing and use of source control.

Indoor Visitation: (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present)

- The safest practice is for residents and visitors to wear source control and physically distance, particularly if either of them is at risk for severe disease or are unvaccinated or immunocompromised.
- If the resident and all their visitor(s) are up to date with all recommended COVID-19 vaccine doses, they can choose not to wear source control and to have physical contact.
- Visitors should wear source control when around other residents or HCP, regardless of vaccination status.

Aerosol Generating Procedures (AGP) – Update

AGPs in COVID-19 Red/ Yellow Zones: No change

- Any AGP for a resident with COVID-19 or suspected COVID-19 infection should be performed in a private room with full transmission-based precautions (TBPs), and the door should be closed for the duration of the procedure and until one hour after the procedure ends.
- HCP should disinfect all surfaces following the procedure.

AGPs in Green Zones (No COVID-19):

- Make every effort to not place a resident who is not up to date with COVID-19 vaccination in the same room when a resident is expected to need AGP in semi-private rooms.
- For residents in semi-private rooms during low to moderate transmission, when the facility is not in outbreak testing:
 - Roommate is up to date on COVID-19 vaccination: door may be left open.
 - Roommate is not up to date: door and curtains must be closed.
 - If there is a concern for any other respiratory infection (i.e., ILI), then the doors should be shut regardless of COVID-19 vaccination status.

Civil Money Penalty (CMP) Reinvestment Application – In-Person Visitation Aids – Portable Fans and Portable Room Air Cleaners

On Feb. 2, the Centers for Medicare & Medicaid Services (CMS) issued a revised FAQ guidance for Nursing Home Visitation – COVID-19 in Memorandum [QSO-20-39-NH Revised](#). CMS clarified a facility may request the use of Civil Money Penalty (CMP) Reinvestment funds to purchase portable fans and portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to increase or improve air quality. A **maximum use of \$3,000 per facility** including shipping costs may be requested. Expenses incurred on or after the release of Memorandum QSO-20-39-NH FAQ Revised 2/2/2022 are eligible for reimbursement.

CMS has developed an application template for requests for the use of Civil Money Penalty (CMP) Reinvestment funds to provide nursing homes with in-person visitation aids. Facilities must submit applications to INCMP@isdh.in.gov and email questions to Suzanne Williams at suwilliams@isdh.in.gov.

[Civil Money Penalty \(CMP\) Reinvestment Application Template Coronavirus Disease 2019 \(COVID-19\) In-Person Visitation Aids Request Instructions](#)

[CMP Application for In-Person Visitation Aid Requests Frequently Asked Questions \(FAQs\)](#)