

**In This COVID-19 Update:**

- [Testing and Cohorting: When & How?](#)
- [Innovative Methods to Keep Residents Connected](#)
- [Revised 1135 Waiver Template for Nursing Homes](#)
- [CDC Website Updates](#)

## Testing and Cohorting: When & How?

Trying to figure out what to do about testing and cohorting can be a challenge. AHCA has created an [algorithm for testing and cohorting nursing home residents](#) which incorporates the latest CDC guidance. The algorithm walks through three primary entry points for testing prior to deciding on who and how to cohort individuals. The entry points include testing residents who develop symptoms, testing all residents simultaneously, and testing new admissions. The algorithm also walks through how to cohort if the person(s) tested are in a single-person room or with roommates.

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## Innovative Methods to Keeping Residents Connected

AHCA/NCAL has prepared a [resource](#) to help providers continue to keep residents connected to their loved ones. As visitation restrictions and social distancing continues, we need to find ways to keep people connected in-person when possible. Using an infection prevention and control mindset can help generate innovative methods to engage residents and families and fellow residents.

This resource is a starting point and intended to kick off additional ideas each center or community is able to try based on the status of COVID-19 in their building and in their community as well as the availability of necessary resources to support these innovative efforts. This resource can be used by nursing homes, assisted living communities and ICF/IID as each sees fit.

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## Revised 1135 Waiver Template for Nursing Homes

In our guidance on [Where to Turn for Help](#), AHCA/NCAL shared information on and a customizable template for requesting a facility-level 1135 waiver. AHCA/NCAL has updated the [template](#) due to CMS blanket waivers and guidance provided since we first shared the template.

Remember that while using this check-box format it is still important that you customize your waiver request to reflect your center's needs and circumstances, as this will aid in CMS's review and approval of your requests. This is a Word document, so you can make edits to include the items you need and to provide any additional explanation or rationale for your requests.

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## CDC Website Updates

On May 19, the Centers for Disease Control and Prevention (CDC) updated several of their webpages to be reflective of the Centers for Medicare & Medicaid Services (CMS) updates on reopening guidance. The three webpages that were updated include:

- [Testing Guidance for Nursing Homes](#)
- [Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes](#)
- [Preparing for COVID-19 in Nursing Homes – Core Practices](#)

Below is a summary of what was changed. Review your infection prevention & control procedures to ensure they are consistent with the latest guidance.

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program – this is new. CDC strongly feels that “Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities”, because of the breadth of activities for which an Infection Prevention & Control (IPC) program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices.
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2. Note, AHCA/NCAL provided recent [guidance on testing](#) which incorporate the latest from CDC.
- Additional descriptive information for certain areas like universal source control, hand hygiene, optimization of PPE, and the COVID unit section based on common questions received including:
  - Removed language to move residents with symptoms or suspect COVID to an observation unit, if one was available, as this has been a point of confusion and has not been feasible for most facilities.
  - CDC recommends creating a COVID unit for residents with confirmed COVID and, if possible, an observation area for new admissions with no known COVID history (those with known COVID would go to COVID unit), but recommend that if possible those with symptoms or suspect COVID-19 go to a private room. Testing should be prioritized for these individuals and, if positive, they would move to a COVID unit. PPE should be worn.

Please email [COVID19@ahca.org](mailto:COVID19@ahca.org) for additional questions, or visit [ahcancal.org/coronavirus](http://ahcancal.org/coronavirus) for more information.

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