CMS Discussion:

Evan T. Shulman and Holly Norelli (CMS Nursing Home division) participated on the call.

- Nursing homes must test all residents and staff if: 1) signs and symptoms 2) case identified in facility 3) routine staff testing based on County positivity rate (between 5-10% or above...test all staff once to twice per week)
  - Facilities should consider higher testing frequency when accepting pts from high infection counties.
- Testing includes individuals providing services to the facility, includes employees, contractors, etc. EMS and non-urgent transport are considered staff in this context. Facility is responsible for providing testing.
- When responding to an emergency (911) request, emergency staff should enter facility expeditiously. Facilities should not focus on testing these individuals.
- Non-urgent transport staff: Facilities are expected to test. If transporting agency is doing the testing, those agencies should provide documentation to facility for evidence of testing. Facilities should not focus on ad-hoc/one off services.
- The question was raised about need to test even though responding transporting crews are wearing appropriate PPE. Re: PPE: Personnel may still be contagious even if wearing PPE. PPE requirements do not eliminate need for testing. Cadre of interventions required to reduce transmission (PPE, social distancing, hand hygiene and testing). Need all interventions. We must insure that all involved parties are using appropriate PPE.
- Screening: all personnel should also be screened for signs and symptoms upon entry to facility.
- Every nursing home is responsible for having documentation that transport staff have been tested. This is particularly applicable and concerning if transporting staff that move between multiple facilities and transport multiple patients.
- Testing is still required even if pt is transferred to the transporting crew outside the front door.
- What if EMS agency refuses to comply? Yes, they could be prevented from entering the facility.
  - Want facilities to work w/EMS. The logistics of testing may be complicated but should be able to be worked out between the agency and the facility.
  - Nursing homes have received many testing kits from USG.
  - Transport staff represent a vulnerability for spreading virus.
- who's responsible for cost of test? How do we handle sharing of testing info for nursing homes?
  - This is not easy. CMS authority rests over nursing homes. They don’t have authority over visitors or non-employees, although transporting agencies much comply with testing requirement. We need facilities to work out testing for all people entering facilities.
- Does guidance include Uber and Lyft?
  - guidance says facility must account for testing where there are services under arrangements. CMS may need to clarify this (Uber and Lyft).
- Regarding training requirements: CMS assisted OASH w/CLIA certificates of waiver for in-facility testing. OASH has distributed training modules. Staff doing testing must complete training. Appears there may be inconsistencies in completing training.
- Discussion about AAA letter w/guidance to providers which interpretation indicated that EMS is not required to be tested. A copy of that letter was provided to CMS for their follow-up.
- SNF’s are threatening contract termination w/EMS if not testing transporting staff.
  - It was requested that CMS share nursing home documents w/State EMS offices?
  - SNFs don’t want to include EMS in their reported testing.
  - Have run into CLIA issues w/EMS doing their own testing.

- CMS has seen good results when orgs coordinate. Consider Including EMS rep in nursing home provider call that CMS hosts? [OEMS will follow up]
- This unfunded mandate for EMS testing is a hardship.
  - Suggested talking with OASH re: CLIA waiver and testing kits for EMS. (OEMS will follow-up)
- One state concerned w/utility of testing. Once a month testing has little utility. BinaxNOW…don’t know reliability of these tests in asymptomatic pts. State would have to test 5,500 EMS personnel per month. Don’t have funding to do this. SNFs should implement hazard mitigation plans.
- Another state: EMS required to respond to 911 but not routine transport requests from nursing homes…so they are refusing calls because of testing requirements.
  - the state requires amb transport for recumbent pts…causes conflict.
- Another state: antigen testing recently distributed to States…not currently in scope of practice for EMS personnel so will require waiver. CLIA also requires waiver.
- OEMS: Will share notes with participants and EMS stakeholders.
  - OEMS will also follow-up with CMS for further meetings and discussions to further address issues raised on this call.
  - CMS invited to participate in further State EMS Officials calls
  - OEMS will also work on additional stakeholder calls with CMS

Following the call, as was mentioned on the call, CMS provided potentially useful links of information which has also been shared with nursing home providers (copied from email):
1. CMS releases information related to emergencies, including the current PHE on the following website: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page. I would point out to you that under the health care facilities section, this area has a wealth of information related to nursing homes for your review.

2. The following website is a one-stop shop for accessing information that we have created for nursing homes as CMS recognizes that information is coming fast and furious during this time. https://www.cms.gov/nursing-homes


Thank you again to participants – more information to follow.