Programmatic Considerations for CAE, CSSM and Options Counseling Activities at Nursing Facilities during COVID-19 Outbreak

March 13, 2020

Background:

Effective March 12, 2020, the Commissioner of Public Health issued an order to nursing homes and rest homes to actively screen all visitors to their facilities to protect the health and safety of residents and staff during the 2019 Novel Coronavirus (COVID-19) outbreak.

The most up to date guidance and recommendations for long term care facilities can be found online: https://www.mass.gov/info-details/covid-19-guidance-and-recommendations#for-long-term-care-facilities-

Refer to the Massachusetts Department of Public Health website for the most current information, recommendations, and guidelines related to 2019 Novel Coronavirus (COVID-19) outbreak.

Interim Actions:

In cases where visitation to a nursing facility is possible, ASAP staff should follow these recommendations:

- Screen yourself prior to visiting a nursing facility
  - Sick with fever (higher than 100.3°F) or newly developed respiratory illness such as cough, shortness of breath, or sore throat
  - Recent international travel (i.e. within the past 14 days) from COVID-19-affected geographic areas
  - Close contact with a person diagnosed with COVID-19 in the past 14 days
- Contact your health care provider for guidance if you are exhibiting any of the symptoms listed above.
- During times of COVID-19 circulation in the community, stay home if you have symptoms of an acute respiratory illness or if you need to care for a sick family member.
- While visiting a nursing facility
  - Wash your hands before, during, and after your facility visit.
  - Wash your hands upon entering and when leaving a consumer’s room. If handwashing is not readily available, utilize an alcohol based hand sanitizer.
  - Practice social distancing such as not shaking hands, keeping 6 feet away from others, and not visiting cafeterias or dining rooms within the nursing facility.
  - Only bring necessary items into the nursing facility.
  - Wipe down items brought into the nursing facility with a disinfectant wipe before and after visiting.
Place business cards or other materials on a hard surface instead of handing it directly to someone to limit hand to hand contact.

If a consumer is in isolation due to any communicable disease, postpone visiting the consumer in person until they are no longer in isolation.

In the event that ASAP staff are unable to gain access to nursing facilities to the complete CAE Screenings, CSSM activities, and other discharge planning activities the following processes may be instituted.

Post Admission Nursing Facility CAE Screenings
The ASAP may complete a desk review (paper screening) of provider submitted documentation to determine clinical eligibility for MassHealth payment of nursing facility services.

Required Documentation:

- RFS completed by the SNF;
- Level I PASRR Screening Form including Level II Determination, if applicable;
- Most current medical information needed to support the clinical eligibility determination;
- Activity/Referral documented in consumer electronic record in SAMS;
- Nursing Determination Module completed by the ASAP RN;
- Narrative and corresponding journal entry in consumer electronic record in SAMS;

The ASAP RN will review the documentation submitted by the SNF to ensure that PASRR compliance has been met. The ASAP RN will determine if the consumer meets nursing facility level of care in accordance with 130 CMR 456.409. The ASAP RN will complete the Nursing Determination Module and render a clinical determination. The ASAP RN will complete the narrative and corresponding journal entry. All documentation received by the ASAP from the SNF and used to determine clinical eligibility must be uploaded as a File Attachment in SAMS.

The narrative/journal note must include at a minimum:

- Date of RFS;
- Reason for assessment;
- Pertinent diagnoses, medications, ADL needs, treatments, therapies etc. needed to support the determination;
- Determination and date the LOC was sent and to whom along with Fair Hearing;
- Name and title of assessor.
**Discharge Planning Activities**

Discharge planning activities, including but not limited to CSSM activities, Section Q referrals, referrals for Home Care Services, and Options Counseling must continue to ensure that consumers and their families receive appropriate care and supports necessary to ensure successful discharges to the community.

ASAPs should work with their nursing facility partners to determine appropriate alternatives to in-person discharge planning meetings, including but not limited to telephone calls, conference calls, e-mail, and video-conferencing, etc. ASAPs should also consider alternative modes of communication for interacting with consumers and families for discharge planning purposes when in person conversations are not possible.

All discharge planning activities should continue to be documented in accordance with programmatic requirements.