



Notice - Updates to Nursing Homes and Assisted Living Programs (August 6, 2020)

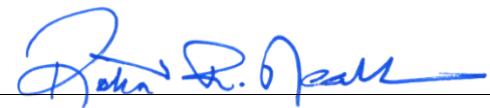
The Maryland Department of Health (MDH) advises all nursing homes and assisted living programs with fifty or more beds of the following:

- To update from our August 3, 2020 correspondence and to better serve Maryland Long-Term Care Facilities, the University of Maryland Pathology Associates (UMPA) lab has created a dedicated email address for those clients. This email address will provide a direct connection to UMPA team representatives at mdtesting@som.umd.edu or 667-214-2110.
- The U.S. Department of Health and Human Services announced that it will begin providing nursing homes with COVID-19 Point of Care (POC) rapid response testing instruments to bolster each facility's ability to prevent the spread of COVID-19. Nationally, nursing homes with an active CLIA certificate of waiver began receiving deliveries of these devices beginning the week of July 20, 2020. Maryland nursing homes that do not have a CLIA certificate of waiver and Maryland state laboratory permit should complete the required applications and forward the completed applications to the Office of Health Care Quality to paul.celli@maryland.gov. The link to the CLIA and the state applications is: <https://health.maryland.gov/ohcq/Labs/Pages/Licensure.aspx>
- **Alternate Test Plans**, within the meaning of the respective MDH [Nursing Homes](#) and [Assisted Living Program](#) Orders requiring weekly testing of staff, will be approved if a nursing home or large assisted living program meets the following conditions and submits its plan to mdh.covidlabresults@maryland.gov:
 - The facility does not have a current COVID-19 outbreak.
 - The facility has an executed contract of COVID-19 testing arrangements with a lab licensed by the Office of Health Care Quality (OHCQ) for COVID-19 to ensure weekly staff COVID-19 testing.
(https://health.maryland.gov/ohcq/Documents/COVID-19_Testing_Lab_List.pdf)
 - The facility presents a plan to implement POC testing, as authorized under MDH Various Health Care Matters Order, No. 2020-08-06-01, that is sufficient for the weekly testing of all staff.
 - If a COVID-19 outbreak (one or more residents or staff) is detected, all staff and residents, pursuant to the respective MDH Orders, must be tested by PCR assays through the facility's contracted-with laboratory.

Note: A facility is required, per the relevant MDH Orders and the recommendation from the [U.S. Centers for Disease Control and Prevention](#) (CDC) and [U.S. Centers for Medicare and Medicaid Services](#) (CMS), to continue weekly staff testing for COVID-19. This guidance for alternate testing plans simply allows a facility with no COVID-19 outbreaks to use POC testing for weekly staff testing.

Note: MDH intends to review the above Alternate Test Plan Guidance by mid-September and depending on the COVID-19 situation in Maryland, will revise and update its guidance.

This Notice is effective immediately and shall remain in effect until it is revised or until the state of emergency has been terminated and the proclamation of the catastrophic health emergency has been rescinded.



Robert R. Neall
Secretary



AMENDED DIRECTIVE AND ORDER REGARDING VARIOUS HEALTHCARE MATTERS

Pursuant to Md. Code Ann., Health-Gen. §§ 2-104, 18-102, 18-103, 18-205, 18-902, 18-904, Public Safety § 14-3A-03, COMAR 10.06.01.06A, and the Governor's Executive Orders

No. MDH 2020-08-06-01

I, Robert R. Neall, Secretary of Health, finding it necessary for the prevention and control of 2019 Novel Coronavirus (“SARS-CoV-2” or “2019-NCoV” or “COVID-19”), and for the protection of the health and safety of patients, staff, and other individuals in Maryland, hereby authorize and order the following actions for the prevention and control of this infectious and contagious disease under the Governor’s Declaration of Catastrophic Health Emergency. **This Amended Directive and Order replaces and supersedes the Directives and Orders Regarding Various Healthcare Matters, dated July 1, June 19, June 12, May 19, May 6, April 5, and March 23, 2020 and the Directive and Order regarding Availability of Testing dated March 20, 2020.**

COVID-19 TESTING & REPORTING

1. Testing

A. Testing Framework

Maryland has increased the availability of COVID-19 testing capacity over the past four months.

With testing now broadly available, Marylanders who believe they should be tested for COVID-19 should contact their healthcare provider. **Healthcare providers shall order a COVID-19 test for any individual who believes it necessary, regardless of symptoms.** Specialty healthcare providers may refer a patient to a primary care provider, if a primary care provider is available.

Note: An individual should contact their health plan prior to receiving a COVID-19 test to determine whether testing is covered by the plan in their circumstance. Out-of-pocket expenses may apply if the test is not covered by the health plan.

Note: Maryland Medicaid will cover the costs of COVID-19 testing for its beneficiaries.

Any individual who is in one of the following categories should contact their healthcare provider to arrange to be tested:

- i. Any symptomatic individual;
- ii. Asymptomatic individuals where COVID-19 exposure may be possible, including:
 - a. Contacts of confirmed COVID-19 cases (e.g., contact tracing, outbreak or cluster investigation);
 - b. Residents and staff of congregate living settings and long-term care facilities (e.g., nursing homes, assisted living facilities, residential programs and group homes serving individuals with developmental disabilities, behavioral health residential programs and group homes, dormitories, housing shelters, detention or correctional facilities);
 - c. Healthcare workers and first responders (e.g., emergency medical service personnel, home health care workers, and law enforcement personnel);
 - d. Patients, especially high-risk unstable patients, whose care would be altered by a diagnosis of COVID-19;
 - e. Individuals employed in close contact settings (e.g., retail, public transport, school, childcare, camp, food service or processing, personal services) or for children attending school, camp, or child care, and manufacturing; and
 - f. Individuals previously in a large gathering; and
- iii. Individuals who have traveled to or returned to Maryland from out-of-state travel.

Based on a public health cluster, outbreak, or contact tracing investigation, an individual may be directed by the Maryland Department of Health (MDH) or a local health department to be tested.

B. Serial or Retesting:

- i. Retesting or serial testing of individuals should be conducted according to clinical or epidemiological indications or as directed by MDH or a local health department.

- ii. Testing of nursing homes and assisted living program residents and staff shall be conducted according to the provisions of the appropriate MDH Orders regarding Nursing Homes and Assisted Living Programs.

C. Test Sites - Specimen Collection

- i. COVID-19 test specimens shall be collected in a manner that is in accordance with the U.S. Centers for Disease Control ([CDC](#)) recommended infection prevention and control practices, including use of recommended personal protective equipment (PPE).
- ii. A healthcare provider shall follow the [CDC's guidelines for collecting, handling, and testing clinical specimens from persons for COVID-19](#).
- iii. In addition to those individuals already authorized to collect COVID-19 specimens for testing, any individual licensed, registered, or certified by MDH or a Maryland health occupations board who has appropriate training and supervision may collect COVID-19 test specimens. Individuals and entities offering to perform COVID-19 specimen collection are responsible for ensuring that individuals collecting specimens for testing have the appropriate training and supervision.

D. COVID-19 Point of Care Testing

The following subsection shall take effect at 7:00 A.M., Monday, August 10, 2020.

Any healthcare provider or healthcare facility, subject to the following terms and conditions, may perform COVID-19 point of care (POC) test analysis pursuant to [Executive Order 20-03-23-02](#) (initiating a process for authorization of laboratories in Maryland to develop and perform COVID-19 testing):

Note: This order supersedes, for the duration of the State of Emergency and Catastrophic Health Emergency, any and all other directives from the Maryland Office of Health Care Quality (OHCQ) on the subject of POC testing. OHCQ is directed to prioritize the review and issuance of the necessary permits to effectuate POC testing.

- i. The following devices, which have been given FDA emergency-use authorization (EUA) for COVID-19 testing, are approved for POC testing:
 - a. Cepheid Xpert Xpress
 - b. Mesa Biotech Accula
 - c. Abbott ID Now
 - d. Cue Health Inc. Cue Covid Test
 - e. Quidel Sofia
 - f. BD Veritor System
- ii. A COVID-19 test collection site may perform test analysis if it is licensed by federal and state authorities as a Clinical Laboratory Improvement

Amendments of 1988 (CLIA)-certified laboratory. The healthcare provider or facility shall enroll in the CLIA program and receive a Maryland laboratory license. Applications for State permits and CLIA may be obtained here: <https://health.maryland.gov/ohcq/Labs/Pages/home.aspx>

Currently licensed laboratories that are not CLIA certified or State licensed to perform COVID-19 testing must submit an application to the Office of Health Care Quality to update their current permits. A list of labs that are certified to perform COVID-19 testing can be found here:

https://health.maryland.gov/ohcq/Documents/COVID-19_Testing_LAB_list.pdf

Additional information about the CLIA Certificate of Waiver can be found here: <https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

Note: Healthcare providers include, but are not limited to physicians, nurses, pharmacists, and dentists, and other individuals licensed, certified, or registered by MDH or a Maryland health occupations board.

Note: The licensed laboratory must disclose to the OHCQ within 30 days any changes in ownership, name, address, or laboratory director or any additional tests that the laboratory plans to perform that it did not include on the original application.

- iii. A laboratory enrolled in the CLIA program and possessing a Maryland laboratory license to conduct COVID-19 testing shall follow all manufacturers' instructions for usage and infection control of the POC testing device(s).

Note: The Centers for Disease Control and Prevention has published recommendations for good laboratory practices for waived testing sites: https://www.cdc.gov/labquality/images/waived-tests/RST-Booklet_Dec-2019.pdf

- iv. Surveys of laboratories will be conducted consistent with CLIA and State licensure requirements and for the purpose of investigating a complaint.
- v. Positive, negative, and inconclusive POC test results shall be reported in accordance with the below test reporting requirements.

2. Positive COVID-19 Test Reporting

- A. Pursuant to Health General Article §§ 18-205 and 18-904, and COMAR 10.06.01.03 and .04, a medical laboratory performing a test for COVID-19 shall report a positive test result of an individual immediately to MDH and the appropriate local health officer.

- B. The medical laboratory shall immediately notify the requesting healthcare provider of the positive test result and provide a written or electronic report of the positive test result to the requesting healthcare provider to give to the patient.

3. **Negative and Inconclusive COVID-19 Test Reporting**

- A. Pursuant to Health General Article § 18-904, a medical laboratory performing a test for COVID-19 shall report negative and inconclusive test results in addition to positive test results.
- B. A laboratory that is already submitting HL-7 formatted electronic laboratory reports (ELRs) to MDH shall send reports for negative and inconclusive test results in addition to positive test results via HL-7 messaging.
- C. A laboratory that does not submit HL-7 formatted ELRs to MDH shall submit reports for negative and inconclusive test results, in addition to positive test results, immediately to MDH when the result can be sent by another electronic format (i.e. a formatted CSV file).

If the results cannot be sent by HL-7 format or another approved electronic format, they must be immediately submitted to the appropriate local health officer in a manner designated by MDH.

All POC test results shall be submitted via HL-7 formatted ELRs or another approved electronic format (i.e. a formatted CSV file). If the facility reporting the POC test results cannot do so via either of those methods, the facility shall report the results through the following portal: <https://ulp.crisphealth.org/>.

4. **Other Testing Items**

- A. **Availability:** All healthcare providers, facilities, and entities that offer community COVID-19 testing shall make that testing available to any person presenting at the testing site without regard to that person's ability to pay, type of health insurance, or participation in any particular provider network.
- B. **Costs:** Laboratories processing COVID-19 tests for Maryland residents must accept reimbursement from the patients' insurance - private, Medicare, Medicaid or other payers. If a patient is uninsured, providers and laboratories should use this process for reimbursement:
https://phpa.health.maryland.gov//Documents/covid19_FAQ_Uninsured_Reimbursement.pdf

MDH shall make available appropriate financial support to those providing testing to mitigate outbreak situations or as directed by MDH or local health departments.

HEALTHCARE PROVIDER MATTERS

5. Elective and Non-urgent Medical Procedures - Licensed Healthcare Facilities and All Healthcare Providers

A. Prohibition of Elective and Non-Urgent Medical Procedures

Pursuant to the Executive Order of March 16, 2020 relating to various healthcare matters and in accordance with the guidance issued by MDH and posted on its website at <http://coronavirus.maryland.gov>, all licensed hospitals, ambulatory surgical centers, and all other licensed healthcare facilities shall cease all elective and non-urgent medical procedures effective at 5 p.m., Tuesday, March 24, 2020 and not provide any such procedures for the duration of the catastrophic health emergency.

Pursuant to the Executive Order of March 16, 2020 relating to various healthcare matters and in accordance with the guidance issued by MDH and posted on its website at <http://coronavirus.maryland.gov>, all providers of healthcare licensed, certified, or otherwise authorized under the Health Occupations Article shall perform only medical procedures that are critically necessary for the maintenance of health for a patient. All elective and non-urgent medical procedures and appointments shall cease effective at 5 p.m., Tuesday, March 24, 2020 and shall not be performed for the duration of the catastrophic health emergency.

B. Resumption of Elective and Non-Urgent Medical Procedures - Conditions

All licensed healthcare facilities and healthcare providers may resume elective and non-urgent medical procedures and appointments provided all of the following measures are in place:

- i. Healthcare providers licensed under the Health Occupations Article shall exercise their independent professional judgment in determining what procedures are appropriate to perform, which appointments should occur, and which patients to see in light of widespread COVID-19 community transmission.
- ii. Any licensed healthcare facility or healthcare provider resuming elective and non-urgent medical procedures in a healthcare setting shall have at least one week's supply of PPE for themselves, staff, and as appropriate, for patients.

Note: PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures.

Note: The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains.

Note: For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests.

Note: “Healthcare setting” means: (1) the office of a healthcare provider licensed under the Health Occupations Article; or (2) a healthcare facility as defined in § 19-114 of the Health-General Article.

- iii. Social distancing requirements must be strictly maintained in all settings where people must wait in order to minimize direct contact between individuals within the healthcare setting and use of non-traditional alternatives is encouraged (e.g., call ahead registration; waiting in a car until called).
- iv. All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.
- v. All healthcare facilities and healthcare providers must plan for and implement enhanced workplace infection control measures in accordance with the most current CDC guidelines:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

Note: All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields.

Note: Patients should wear a face covering whenever possible.

- vi. Any healthcare facility or healthcare provider who is unable to provide PPE for themselves, staff, and patients where appropriate shall immediately restrict operations to urgent and non-elective procedures and appointments.

C. Certification and Other Matters

- i. A healthcare facility’s managing authority or the responsible healthcare provider shall certify to MDH via secretary.health@maryland.gov that all of the above conditions for resumption of elective and non-urgent medical procedures have been met prior to resuming operations. A copy of this self-certification notice shall be posted prominently in the facility for the attention of patients and staff.
- ii. Complaints about a healthcare facility’s implementation of these measures may be directed to the Office of Health Care Quality at <https://health.maryland.gov/ohcq/Pages/Complaints.aspx>. A healthcare provider’s failure to comply with the terms of this order shall be considered to constitute unprofessional conduct, and written complaints about such failures may be directed to the appropriate health occupation board.
- iii. MDH does not construe the immunity provisions in Pub. Safety Art. § 14-3A-06 or Health Gen. Art. § 18-907 to apply to a healthcare provider or facility performing non-COVID-19 related procedures or appointments.

6. Personal Protective Equipment Conservation Order

Subject to availability, all healthcare providers are required to implement the U.S. Centers for Disease Control and Prevention's [Strategies to Optimize the Supply of PPE and Equipment](#), to include, but not limited to:

- A. Use facemasks beyond the manufacturer-designated shelf-life during patient care activities.
- B. Implement limited re-use of facemasks. The healthcare provider must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner.
- C. Prioritize facemasks for:
 - i. Provision of essential surgeries and procedures;
 - ii. During care activities where splashes and sprays are anticipated;
 - iii. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable; and
 - iv. Performing aerosol generating procedures, if respirators are no longer available.

HEALTHCARE FACILITY MATTERS

7. Hospital Contingency Plans

All licensed hospitals shall implement the medical staff plans required by COMAR 10.07.01.24G(2) to grant temporary disaster privileges. The plans shall remain in effect for the duration of the catastrophic health emergency.

8. Off-Campus Hospital Facilities

Notwithstanding the provisions of COMAR 10.07.01.06, off-campus hospital facilities may be used for inpatient hospital care if the proposed off-campus facility would be operated by an existing licensed Maryland hospital under the terms of that hospital's license and such use would not adversely affect the safety and health of patients served at the off-campus facility.

OTHER HEALTHCARE MATTERS

9. Prescription Devices

Pursuant to the Executive Order of March 16, 2020 relating to various healthcare matters, manufacturers, wholesale distributors, or other entities engaged in the sale, purchase, distribution or transfer of FDA-approved prescription devices for emergency medical reasons relating to COVID-19 response measures are exempt from Maryland licensure

requirements provided that the manufacturer, wholesale distributor, or other entity is licensed or otherwise authorized to engage in such activity in the state in which it is located.

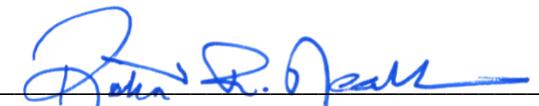
10. Penalties

Persons who violate this Order and Directive may face administrative and criminal sanctions to include imprisonment not exceeding one year or a fine not exceeding \$5,000 or both.

11. Severability

If any provision of this Directive and Order or its application to any person, entity, or circumstance is held invalid by any court of competent jurisdiction, all other provisions or applications of this Directive and Order shall remain in effect to the extent possible without the invalid provision or application. To achieve this purpose, the provisions of this Directive and Order are severable.

THESE DIRECTIVES AND ORDERS ARE ISSUED UNDER MY HAND THIS 6th DAY OF AUGUST 2020 AND ARE EFFECTIVE IMMEDIATELY.



Robert R. Neall
Secretary

Nursing Home Management and Administrators:

To complete and submit your daily COVID-19 reporting, please log into your CRISP Unified Landing Page (ULP) account and click the “Post-Acute Capacity” tab at the top of the screen. For instructions on how to submit your COVID-19 reporting information click here (<https://crisphealth.org/wp-content/uploads/2020/05/ULP-COVID-19-Post-Acute-Capacity-Tracking-and-Reporting-User-Guide.pdf>) to access the COVID-19 Post Acute Capacity: Tracking and Surveillance Guide. If you do not have access to the CRISP ULP, please contact the CRISP Customer Care Team at 1.877.952.7477 for assistance.

Overview

Under the new Statewide testing strategies and with the greater availability of tests, clinicians are no longer limited to testing symptomatic high risk patients. We encourage that you additionally test patients who are asymptomatic and may have directly or indirectly come into contact with a person known or suspected of carrying the COVID-19 virus. This strategy will help to identify additional asymptomatic carriers in order to contain the spread of the virus (see details below).

According to the Maryland Department of Health (MDH), healthcare providers shall prioritize COVID-19 test orders using the most expeditious means available (e.g., a hospital lab, commercial lab, or the State Laboratory) to the following groups:

The following populations should now be prioritized for testing:

- Any symptomatic individual
- Asymptomatic individuals where COVID-19 exposure may be possible, including:
 - contacts of confirmed COVID-19 cases
 - residents and staff of congregate living settings and long-term care facilities
 - healthcare workers and first responders
 - patients, especially high-risk unstable patients, whose care would be altered by a diagnosis of COVID-19
 - individuals employed in close contact settings
 - individuals previously in a large gathering
 - individuals directed to be tested by the Maryland Department of Health associated with a cluster, outbreak or contact investigation

In addition, retesting or serial testing of individuals should be conducted based on clinical or epidemiological indications or as directed by the Department or a local health department.

To view the list of available test sites, click here (<https://coronavirus.maryland.gov/pages/symptoms-testing>) or insert <https://coronavirus.maryland.gov/pages/symptoms-testing> (<https://coronavirus.maryland.gov/pages/symptoms-testing>) into your browser.

Reporting Point of Care COVID-19 Test Results

Organizations who are performing point-of-care COVID-19 testing are required to report results to the Maryland Department of Health (MDH) through CRISP, if they do not have access to an existing mechanism for reporting.

To submit your patient's test results:

1. Log into your CRISP ULP account
2. Search the Patient (First Name, Last Name, and Date of Birth are required)
3. Select the appropriate patient from the Patient Search Results list by checking the box in the "Include" column on the right-hand side of the screen
 - a. If your patient is not found, click the "No Patient: COVID-19 Lab Tools" to manually begin the submission process
 - b. If your patient is found, click the "COVID-19 Lab Tools" tab at the top of the screen
4. Navigate to the "Report Point of Care Test Results" tab.
5. Complete the fields provided.
 - a. Please note, the supplementary questions on this form are required for reporting to CDC.
6. Click Submit.

CRISP Unified Landing Page

HOME PDMP DEA SELF-AUDIT REPORT CENSUS VIEW DELEGATOR DASHBOARD ENS PROMPT PDMP REPORTS NO PATIENT: COVID-19 LAB TOOLS COVID-19 LAB TOOLS

Logout Help SHEENA PATEL (Logout)

COVID-19 Lab Order

Order COVID Test Report Point of Care Test Results

Information

Patient Information

* First Name: GILBERT Middle Name: GRAPE Last Name:

* Date of Birth (Format MM/DD/YYYY): 01/01/1984 Gender: Male Mobile Phone Number: 999-999-9999

* Home Address 1: 4145 EARL C ADKINS DR Home Address 2:

* City: RIVER State: WV Zip: 26000 Email: example@email.com

* Race: * Ethnicity:

* PreferredLanguage:

POC Test Results

* Date of Testing (Format MM/DD/YYYY): 08/03/2020 * Is this the patient's first test? * Is the patient employed in healthcare?



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

August 3, 2020

Mr. Joseph DeMattos, Jr.
President & CEO
Health Facilities Association of Maryland

Mr. Kevin Heffner
President & CEO
LifeSpan Network

Ms. Allison Ciborowski
President & CEO
LeadingAge Maryland

Dear Mr. DeMattos, Mr. Heffner, and Ms. Ciborowski:

Since our July 24, 2020 response to your correspondence regarding the protection of Marylanders' health and safety in long term care facilities during the COVID-19 Public Health Emergency, the Maryland Department of Health (MDH) has continued to work with you and other valued stakeholders on how to effectively safeguard our most vulnerable long-term care populations.

As part of the transition to nursing home-led testing on August 15 and our overall state COVID-19 testing strategy, MDH has been working with COVID-19 testing-certified labs in Maryland to ensure sufficient testing capacity and reliable turnaround times.

Over the past week, MDH worked tirelessly with the University of Maryland Pathology Associates (UMPA) lab to negotiate a fair price for COVID-19 specimen processing for nursing homes. UMPA has agreed to provide a discounted processing fee of forty dollars (\$40.00) per specimen. You will note, this is a sixty percent (60%) discount from the current U.S. Centers for Medicare and Medicaid Services (CMS) reimbursable rate of one hundred dollars (\$100) per specimen.

In order to take advantage of this opportunity, please contact UMPA representative, Kristie Johnson, at jkjohnson@som.umaryland.edu or 443-956-4916.

Should you not avail yourself of this opportunity, we remind you that you must submit evidence that your member facilities have secured COVID-19 testing capacity for your staff by means of private contractual arrangements with labs and/or submit alternative testing plans by August 14, 2020. Additionally, please keep in mind MDH will continue to monitor all nursing homes for compliance with weekly testing.

Should you have any questions please do not hesitate to contact me or MDH's Director of Governmental Affairs, Webster Ye, webster.ye@maryland.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis R. Schrader".

Dennis R. Schrader
Chief Operating Officer
Unified Area Command, Testing Task Force



AMENDED DIRECTIVE AND ORDER REGARDING ASSISTED LIVING PROGRAM MATTERS

Pursuant to Executive Orders Nos. 20-06-10-01, 20-04-29-01, and Various Health Care Matters of March 16, 2020

No. MDH 2020-07-24-02

I, Robert R. Neall, Secretary of Health, finding it necessary for the prevention and control of 2019 Novel Coronavirus (“SARS-CoV-2” or “2019-NCov” or “COVID-19”), and for the protection of the health and safety of residents, staff, and other individuals in Maryland, hereby authorize and order the following actions for the prevention and control of this infectious and contagious disease under the Governor’s Declaration of Catastrophic Health Emergency. **This Amended Directive and Order replaces and supersedes the Directive and Order Regarding Assisted Living Program Matters, dated June 26th.**

1. General Items.

A. **Definition and Compliance.** Facilities licensed under [Title 19, Subtitle 18 of the Health-General Article](#) and [COMAR 10.07.14](#) (“Assisted Living Programs”) shall immediately ensure that they are in full compliance with all applicable [U.S. Centers for Disease Control and Prevention \(CDC\)](#), and [the Maryland Department of Health \(MDH\)](#) guidance related to COVID-19.

Assisted living programs shall check CDC, and MDH guidance weekly to ensure that they are complying with the most current guidance and adjust their policies, procedures, and protocols accordingly.

B. **Entrance control.** Facilities shall screen all persons who enter the facility (e.g., staff, volunteers, vendors, and visitors when permitted) for [signs and symptoms of COVID-19](#), including temperature checks. Facilities shall refuse entrance to anyone screening positive for symptoms of COVID-19.

C. **Face coverings mandatory for staff and visitors.** All staff, volunteers, vendors, and visitors when permitted, shall wear the appropriate face covering (e.g., surgical mask, cloth face covering) at all times when they are inside the facility. All staff in close contact with residents of an assisted living program shall use appropriate [CDC Standard and Transmission-based Precautions](#) and follow [Maryland Department of Health \(MDH\) guidance](#).

D. **Resident Face Coverings.** To the extent possible, residents should wear face coverings in the following circumstances:

- i. If they leave their rooms or when they are within close proximity (under six feet) of others inside the facility; and
- ii. For any trips outside of a facility (e.g. such as for a medical appointment).

Note: Face coverings include surgical masks and cloth face coverings.

- E. **Resident Checks.** Facilities shall screen all residents daily, including observing for signs and symptoms of COVID-19; asking questions about signs and symptoms of COVID-19; and where appropriate, temperature and pulse oximetry checks.
- F. **PPE.** Facilities shall use good faith efforts to maintain adequate supplies of all appropriate types of personal protective equipment (PPE) for staff, and as appropriate, residents. Facilities may request PPE from the State by using the [PPE Request Form](#).
- G. **Cleaning.** Facilities shall provide access to soap and water or alcohol based sanitizer throughout the facility and remind residents, visitors, and staff to perform hand hygiene upon facility entry, between contact with individuals, and after contact with high-touch surfaces within the facility. Facilities shall ensure adequate cleaning and disinfection supplies are available and used to clean and disinfect common areas and high-touch surfaces.
- H. **Reporting.** All facilities shall provide informational updates on COVID-19 to residents, residents' representatives, and staff within 24 hours of the occurrence of a single confirmed infection of COVID-19, and/or whenever there are three or more residents or staff who have new-onset respiratory symptoms within a 72 hour-period.
 - i. Updates to residents, residents' representatives, and staff must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified, and/or whenever three or more residents or staff with new-onset respiratory symptoms occur within 72 hours.
 - ii. Facilities shall include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the assisted living program will be altered.
 - iii. The above information must be reported to residents, residents' representatives, and staff in accordance with existing privacy statutes and regulations.
 - iv. Facilities shall make reasonable efforts to ensure that residents or their residents' representatives are informed in the language most accessible to them so that they understand these COVID-19 updates.

- v. Each facility shall report to the local health department within 24 hours of the occurrence of a single confirmed infection of COVID-19, and/or whenever there are three or more residents or staff with new-onset respiratory symptoms that occur within 72 hours.

I. **Residents with suspected or confirmed COVID-19.**

- i. To the extent possible, a facility shall immediately
 - a. Isolate the resident in a single-person room, if one is available, using appropriate standard and transmission-based precautions;
 - b. Arrange for and provide assistance in the testing of the resident for COVID-19; and
 - c. Arrange for and provide assistance in obtaining appropriate medical attention for residents with suspected or confirmed COVID-19.
- ii. A confirmed COVID-19 infection in a resident is a significant change of condition under [COMAR 10.07.14.02\(74\)](#). Upon confirmation of a COVID-19 infection in the resident, the facility shall develop and implement a service plan under [COMAR 10.07.14.26](#).

2. **COVID-19 Testing.**

A. **Facilities with Less Than 50 Beds.**

- i. For all assisted living programs with less than 50 beds, upon identification of a resident or staff member with laboratory-confirmed COVID-19, the facility shall report the case to their local health department and test all residents and staff for COVID-19 by:
 - a. Using appropriate healthcare staff for the collection of specimens for COVID-19 testing of these staff and residents;
 - b. Making contractual and financial arrangements with a Clinical Laboratory Improvement Amendments of 1988 (CLIA)-approved laboratory; and
 - c. If needed, requesting testing and staff assistance from the local health department as capacity allows for test supplies and staffing resources in testing all residents and staff.
- ii. Testing shall be performed at weekly intervals until no new resident infections are confirmed in a 14-day period since the most recent positive result.

- a. Individuals who test positive should be isolated in accordance with the CDC's guidance regarding [the duration of isolation and precautions for adults with COVID-19](#).
- b. Individuals who have previously tested positive for COVID-19 within the timeframe established by [CDC](#) and whose positive test results have been documented are exempted.

Note: Admission or readmission of a resident already confirmed to have COVID-19 will not trigger this weekly testing requirement.

Note: For programs where staff, family of staff or additional non-facility tenants live onsite at the facility's physical building, the non-facility tenants and family of staff shall be tested as well.

- iii. The facility shall provide the details of their testing plan to the local health department and make it available to residents or residents' representatives.
- iv. Individuals that refuse testing may be required to go to and remain in places of isolation or quarantine, pursuant to Health Gen. Art. § 18-905(a)(iii).

B. Facilities with 50 or more Beds.

- i. All assisted living programs with 50 or more beds shall test all staff, volunteers (if permitted), and vendors who are in the facility regularly on a weekly basis for COVID-19 by using a polymerase chain reaction-type test (PCR test) PCR test.
 - a. Individuals who test positive should be isolated in accordance with the CDC's guidance regarding [the duration of isolation and precautions for adults with COVID-19](#).
 - b. Individuals who have previously tested positive for COVID-19 within the timeframe established by [CDC](#) and whose positive test results have been documented are exempted.
- ii. Each facility shall be responsible for making appropriate contractual and financial arrangements for the testing of these staff, volunteers, and vendors with CLIA-approved laboratories.

MDH will continue to provide support for COVID-19 testing of staff, volunteers and vendors until August 15, 2020 to allow facilities to make contractual arrangements. MDH support will be limited to provision of specimen collection kits, laboratory courier, processing and reporting services via laboratories designated by MDH. Facilities may elect to use

alternate CLIA-approved laboratories at their own expense. Facilities are required to collect the necessary specimens.

Each facility shall establish COVID-19 testing arrangements with laboratories by August 14, 2020 and provide their plans for continued weekly testing of staff to MDH for review and approval. Alternatively, each facility may submit a clinically rigorous alternative testing regimen for review and approval by MDH.

- iii. Upon positive identification of a resident or staff member with COVID-19, all residents who have not previously tested positive for COVID-19 shall be tested using a PCR test. Testing of all negative residents must be repeated weekly until there are no confirmed positive results among residents and staff for at least 14 days since the most recent positive result.

Note: Admission or readmission of a resident already confirmed to have COVID-19 will not trigger this requirement.

- iv. As directed by MDH, a facility shall perform additional COVID-19 testing or permit COVID-19 testing to be administered to residents and staff by MDH, a local health department, or by designated MDH Response Team member(s).
- v. The facility shall provide the details of their testing plan to the local health department and make it available to residents or residents' representatives.
- vi. Individuals that refuse testing may be required to go to and remain in places of isolation or quarantine, pursuant to Health Gen. Art. § 18-905(a)(iii).

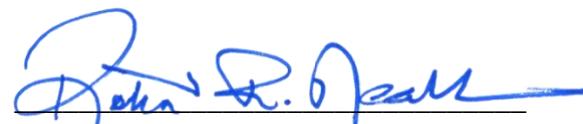
3. Criteria for Re-Opening of Facilities.

- A. A facility may relax restrictions on residents, visitors, and volunteers pursuant to guidance issued by MDH. A facility may not move to the next phase until the following have occurred:
 - i. The local jurisdiction or county shall, at a minimum, be in Stage 2 of Governor Hogan's Maryland Strong: Roadmap to Recovery.
 - ii. Facilities shall spend a minimum of 14 days in any given phase, with no new facility-onset COVID-19 cases before advancing to the next phase.
 - iii. Either MDH or a local health department may direct a facility to a more restrictive set of conditions at any point.

- B. A facility shall communicate regularly with staff, residents, and residents' representatives about the facility's reopening plans, and the implementation of the re-opening.
- C. In Continuing Care Retirement Communities, facilities shall work with their local health department to determine the appropriateness of progressing through different phases of relaxation at different times for facilities with both assisted living and nursing homes. Guidance may be different for facilities who have mixed acuity residents in a single building versus a physically separate building or based on facility size.

4. **Penalties.** Persons who violate this Order and Directive may face administrative and criminal sanctions.
5. **Severability.** If any provision of this Directive and Order or its application to any person, entity, or circumstance is held invalid by any court of competent jurisdiction, all other provisions or applications of this Directive and Order shall remain in effect to the extent possible without the invalid provision or application. To achieve this purpose, the provisions of this Directive and Order are severable.

THESE DIRECTIVES AND ORDERS ARE ISSUED UNDER MY HAND THIS 24TH DAY OF JULY 2020 AND ARE EFFECTIVE IMMEDIATELY.



Robert R. Neall
Secretary



AMENDED DIRECTIVE AND ORDER REGARDING NURSING HOME MATTERS
Pursuant to Executive Orders Nos. 20-06-10-01, 20-04-29-01, and Various Health Care
Matters of March 16, 2020

No. MDH 2020-07-24-01

I, Robert R. Neall, Secretary of Health, finding it necessary for the prevention and control of 2019 Novel Coronavirus (“SARS-CoV-2” or “2019-NCov” or “COVID-19”), and for the protection of the health and safety of patients, staff, and other individuals in Maryland, hereby authorize and order the following actions for the prevention and control of this infectious and contagious disease under the Governor’s Declaration of Catastrophic Health Emergency. **This Amended Directive and Order replaces and supersedes the Directives and Orders Regarding Nursing Home Matters, dated June 19, April 29th, April 24th, April 9th, and April 5th.**

1. Protecting Nursing Home Residents:

A. Facilities licensed under Title 19, subtitles 3 and 14 of the Health-General Article and COMAR 10.07.02 (“nursing homes”) shall immediately ensure that they are in full compliance with all [U.S. Centers for Disease Control and Prevention \(CDC\)](#), [U.S. Centers for Medicare & Medicaid Services \(CMS\)](#) and [the Maryland Department of Health \(MDH\)](#) guidance related to COVID-19.

Nursing homes shall check CDC, CMS, and MDH guidance daily to ensure that they are complying with the most current guidance and adjust their policies, procedures, and protocols accordingly.

B. Facilities shall screen all persons who enter the facility (including volunteers, vendors, and visitors when permitted) for signs and symptoms of COVID-19, including temperature checks. Facilities shall refuse entrance to anyone screening positive for symptoms of COVID-19.

C. All staff, volunteers, vendors, and visitors when permitted, shall wear the appropriate face covering (e.g., surgical mask, cloth face covering) at all times when they are inside the facility.

D. To the extent possible, residents should wear face coverings in the following circumstances:

- (i) if they leave their rooms or when they are within close proximity (under six feet) of others inside the facility; and
- (ii) for any trips outside of a facility (e.g. such as for a medical appointment).

2. **Protecting Nursing Home Staff:** Maryland continues to prioritize nursing homes in the highest category to receive personal protective equipment (PPE) if supplies cannot be obtained through normal medical supply channels.

A. All nursing homes shall use the process established by MDH to request PPE from the State: [PPE Request Form](#). All nursing home staff are required to implement the CDC's [Strategies to Optimize the Supply of PPE and Equipment](#).

B. All staff who are in close contact with residents of nursing homes shall use appropriate Standard and Transmission-based Precautions, as recommended by [MDH](#) and [CDC](#), based on the procedures being performed and the availability of specific forms of PPE. Facilities shall use good faith efforts to maintain adequate supplies of all types of PPE.

In all cases, the staff must use a procedure or surgical mask, or the best available equipment as specified in the above CDC's Strategies to Optimize the Supply of PPE and Equipment. Other equipment may be used for the appropriate clinical situations, such as filtering facepiece respirators for aerosol generating procedures. If a facemask must be taken off for the purposes of eating or drinking, personnel should ensure they are maintaining appropriate social distances (greater than six feet) from others.

3. **Outbreak Prevention, Testing, Reporting, and Containment:**

A. **Emergency Preparedness Plan:** Subject to 42 C.F.R. § 483.73 and COMAR 10.07.02.40, each facility shall:

- i. Implement its emergency preparedness plan/emergency and disaster plan including notification of families and staff; increase as appropriate its staff coverage, organization and assignment of responsibilities; and track residents displaced due to the COVID-19 outbreak;
- ii. Designate and provide the MDH Office of Health Care Quality (OHCQ) with the contact information for its emergency and disaster planning liaison as well as to the local jurisdiction's emergency management office and health department;
- iii. Provide the plan and regular weekly updates on the implementation of each facility's plan to OHCQ; and
- iv. Each facility shall register with the Chesapeake Registry and regularly update their personnel needs so that the State may assist with staffing.

B. **Facility Reporting to Health Department:** In addition to all current reporting requirements to state and local health departments, all facilities shall report the following information to the Chesapeake Regional Information System for Our Patients (CRISP).

On a daily basis, each facility report should include at least the following:

- i. The census of occupied beds;
- ii. Number of residents with positive COVID-19 test results;
- iii. Number of residents with suspected COVID-19;
- iv. Number of residents with negative COVID-19 test results;
- v. Number of deaths, by COVID-19 status;
- vi. Number of staff with positive COVID-19 test results;
- vii. Number of residents with severe respiratory infection or COVID-19 resulting in hospitalization;
- viii. Number of staff with severe respiratory infection or COVID-19 resulting in hospitalization;
- ix. Number of residents or staff with new-onset respiratory symptoms that occur within 72 hours of another resident or staff developing respiratory symptoms; and
- x. Any other information required.

C. Facility Reporting to Residents, Residents' Representatives and Staff:

All facilities must provide informational updates on COVID-19 to residents, residents' representatives, and staff within 12 hours of the occurrence of a single confirmed infection of COVID-19, and/or whenever three or more residents or staff with new-onset respiratory symptoms that occur within 72 hours.

Updates to residents, residents' representatives, and staff must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified, and/or whenever three or more residents or staff with new-onset respiratory symptoms occur within 72 hours.

Facilities shall include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered.

The above information must be reported to residents, residents' representatives, and staff in accordance with existing privacy statutes and regulations.

D. Testing:

- i. All staff, volunteers, and vendors who are in the facility regularly, shall be tested on a weekly basis for COVID-19 using a reverse transcription polymerase chain reaction-type test (PCR assay) pursuant to MDH guidance or unless directed by MDH. Individuals who have previously tested positive for COVID-19 within the timeframe established by [CDC](#) and whose positive test results have been documented are exempted.

- a. Each facility shall be responsible for making appropriate contractual and financial arrangements for the testing of these staff, volunteers, and vendors.

MDH will continue to provide support for COVID-19 testing of staff, volunteers and vendors until August 15, 2020. MDH support will be limited to provision of specimen collection kits, laboratory courier, processing and reporting services via laboratories designated by MDH. Facilities may elect to use alternate CLIA-approved laboratories at their own expense. Facilities are required to collect the necessary specimens.

- b. Each facility shall establish COVID-19 testing arrangements with laboratories by August 14, 2020 and provide their plans for continued weekly testing of staff to MDH for review and approval. Alternatively, each facility may submit a clinically rigorous alternative testing plan for review and approval by MDH.
- ii. Upon positive identification of a resident or staff member with COVID-19, all residents who have not previously tested positive for COVID-19 shall be tested using a PCR assay. Testing of all negative residents must be repeated weekly until there are no PCR assay confirmed positive results among residents and staff for at least 14 days since the most recent positive result.

Note: Admission or readmission of a resident already confirmed to have COVID-19 will not trigger this requirement.

- iii. As directed by MDH, a facility shall perform additional COVID-19 testing or permit COVID-19 testing to be administered on residents and staff by MDH, a local health department, or by designated MDH Response Team member(s).

Individuals that refuse testing may be required to go to and remain in places of isolation or quarantine, pursuant to Health Gen. Art. § 18-905(a)(iii).

E. MDH Response Teams

All facilities shall comply with all directives from MDH, local health departments, or MDH-designated response teams for the containment of COVID-19.

4. Staff Assignments: Nursing homes shall immediately implement, to the best of their ability, the following personnel practices:

- A. Establish a cohort of staff who are assigned to care for known or suspected COVID-19 residents.
- B. Designate a room, series of rooms, unit, or floor of the nursing home as a separate observation area where newly admitted and readmitted residents are kept for 14 days on appropriate Standard and Transmission-based Precautions while being observed every shift for signs and symptoms of COVID-19. For additional guidance, please see [here](#).
- C. Designate a room, series of rooms, unit, or floor of the nursing home to care for residents with known or suspected COVID-19.
- D. Pursuant to COMAR 10.07.02.19, nursing homes shall maintain adequate staffing to meet the needs of all residents at all times. In determining whether a nursing home has met this requirement, the Office of Health Care Quality will take into account that a resident who has known or suspected COVID-19 generally requires increased direct bedside care hours each day, above the mandated minimum of 3.0 hours in the current regulations.

Direct bedside care may be provided by a registered nurse, licensed practical nurse, geriatric nursing assistant, certified nursing assistant, dietary aide, physical therapy aide, occupational therapy aide, and other qualified staff.

5. Daily Resident Evaluation for COVID-19 by Clinical Staff:

As the clinical status of individuals infected with COVID-19 may change quickly and nursing home residents may have an atypical presentation of the infection, each nursing home resident shall be evaluated daily to check for COVID-19 by the nursing home's clinical staff.

The evaluation shall include vital signs as well as the identification of new or worsening signs or symptoms. CDC symptoms for COVID-19 are located here:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

An *atypical* presentation of COVID-19 infection may include: lower temperature (<100.0 F); muscle aches; nausea; vomiting diarrhea; abdominal pain; headache; runny nose; or fatigue.

In addition to the daily evaluation, all interdisciplinary team members shall report findings that might represent a significant change of condition to the charge nurse or staff nurse for further assessment.

All evaluations shall be documented in the resident's medical record. The nursing staff shall timely convey significant findings to a physician, nurse practitioner, or physician assistant for follow up face-to-face in-person or via telehealth. Facility staff shall document telephone calls and medical practitioners shall document face-to-face in-person and telehealth visits in the resident's medical record.

The failure of the licensed or certified nursing home staff to comply with this directive may result in referral of the individual to the appropriate licensing board or the criminal and civil penalties described below.

6. Right of Return for Previously Ill Residents:

Returning residents to their nursing facility remains a priority. For nursing home residents admitted or seen at a hospital for COVID-19, the residents shall be allowed to return to the nursing home as long as the facility can follow the approved [CDC recommendations for transmission-based precautions](#). If the residents must temporarily go to other facilities, every effort must be made by the receiving and original nursing homes to transfer the residents back to their original nursing homes as soon as possible.

7. Office of Health Care Quality:

- A. **Discharge Assistance:** The Office of Health Care Quality is directed to assist acute care hospitals, if necessary, in discharging patients who require nursing-home level care. Hospital discharge planners who are unable to place a patient may access this service at: mdh.dischargeassist@maryland.gov

Nursing homes shall cooperate with the Office of Health Care Quality and hospitals in the placement of discharged patients.

- B. **Special Safety and Compliance Officer:** The Special Safety and Compliance Officer, as designated by the Secretary, shall monitor facilities' compliance with the Governor's Executive Order and all Departmental orders and directives. All staff of the Health Department are requested and required to provide immediate assistance in the execution of the Officer's duties. All facilities shall provide information as requested by the Officer in connection to responding to COVID-19 in their facility.

8. Criteria for Re-Opening of Facilities

A facility may relax restrictions on residents, visitors, and volunteers pursuant to guidance issued by MDH. A facility may not move to the next phase until the following have occurred:

- A. The local jurisdiction or county shall be in Stage 2 of Governor Hogan's Maryland

Strong: Roadmap to Recovery.

- B. Facilities shall spend a minimum of 14 days in any given phase, with no new facility-onset COVID-19 cases before advancing to the next phase.
- C. If a new facility-onset COVID-19 case is detected, the facility shall return to the highest level of mitigation (pre-Phase 1) and begin again.
- D. Either MDH or a local health department may direct a facility to a more restrictive set of conditions at any point.

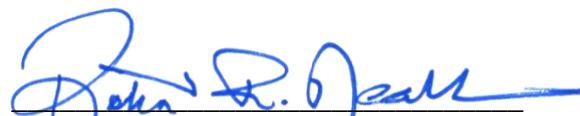
9. **Penalties:**

A person who knowingly and willfully fails to comply with this Order and Directive is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding one year or a fine not exceeding \$5,000 or both.

10. **Severability:**

If any provision of this Directive and Order or its application to any person, entity, or circumstance is held invalid by any court of competent jurisdiction, all other provisions or applications of this Directive and Order shall remain in effect to the extent possible without the invalid provision or application. To achieve this purpose, the provisions of this Directive and Order are severable.

THESE DIRECTIVES AND ORDERS ARE ISSUED UNDER MY HAND THIS 24TH DAY OF JULY 2020 AND ARE EFFECTIVE IMMEDIATELY.



Robert R. Neall
Secretary