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To: All Nursing Facilities

From: William Montejo, RN
Director, Division of Licensing and Certification


On May 18, 2020, the federal Centers for Medicare and Medicaid Services (CMS) issued guidance identifying three phases for the gradual reopening of nursing facilities, QSO-20-30-NH. All nursing facilities in Maine are currently within Phase I of those three Phases. All facilities must complete baseline testing of staff as part of the requirements to move from Phase I to Phase II. While outdoor visitation is and will continue as an option for all nursing facilities going forward, limited indoor visitation is part of Phase II reopening.

This Advisory Memo provides an update on conditions in Maine and offers advice on preparations that all nursing facilities should be undertaking now in anticipation of moving to Phase II and gradually reopening in the coming months. The Department of Health and Humans Services (DHHS) will be sending a second Advisory Memo in the coming weeks offering advice on preparations to move from Phase II to Phase III of QSO-20-30-NH.

Conditions in Maine

The CMS guidance (QSO-20-30-NH) lists 6 factors to consider when planning for reopening:

- The status of cases in your community;
- The status of cases in your nursing facility;
- Staffing levels in your nursing facility;
- Access to testing;
- Personal protective equipment (PPE) supplies; and
- Local hospital capacity.

Although the situation in Maine could change quickly, current conditions suggest that now is the appropriate time for nursing facilities to make specific plans for reopening, including baseline testing of all staff, and periodic retesting of staff. In particular:

- The number of new cases in many communities in Maine was flat in July;

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• The number of new outbreaks in Maine nursing facilities has decreased, and several outbreaks have been closed;
• Staffing availability appears to have stabilized for many nursing facilities;
• DHHS as well as national laboratories have increased testing capacity, which allows all nursing facilities to conduct baseline testing and periodic retesting of all staff;
• Nursing facilities report adequate PPE stocks, although certain items remain in tight supply; and
• Maine’s hospital capacity is sufficient given current conditions.

In addition, DHHS is also working with a small number of nursing facilities to pilot staff testing via self-swabbing with clinical observation. Although nursing facilities may choose other methods, this approach appears feasible based on feedback from one pilot facility. DHHS will have additional information and resources available in the coming weeks.

As such, all nursing facilities should start developing testing protocols to be implemented as part of reopening.

Establishing A Testing Protocol

Public and private testing capacity has expanded in Maine in recent weeks, giving nursing facilities options to consider as they develop staff testing protocols. As facilities develop their protocols, please note that presently, DHHS is not recommending baseline testing of all residents. Residents should continue to be tested based on their physician’s order, or in concert with the Maine Center for Disease Control and Prevention (CDC) as the result of a COVID-positive staff or resident in the facility.

Staff testing options include:

1) Having facilities’ clinical staff swab other staff members, or have clinical staff supervise staff who self-swab. Once DHHS’s pilot testing is complete, DHHS can provide a guide and video clip showing how self-swabbing can be done. The swabs can then be tested at the State’s Health and Environmental Testing Lab (HETL) in Augusta.

Under this model, a nursing facility will request swabs and viral transport media through their County’s Emergency Management Agency, fill out the HETL requisition forms, and provide temperature-controlled transport of the samples to HETL. Facilities choosing to utilize this option must coordinate the timing of such testing with HETL to avoid unnecessary delays in processing of samples.

2) Using facility clinical staff or a contractor to collect samples from staff, and having the samples tested in a private lab; or

3) Arranging for staff to be tested on a schedule coordinated with DHHS through one of the many Swab and Send sites recently announced by Governor Mills which can be found at: https://www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing.

A benefit of using HETL or Swab and Send sites is that currently the testing is done at no cost to the facility or staff. Facilities need to establish a back-up lab as part of their testing plan to ensure they can continue to test staff in the event of a change in the condition/status of their primary lab.
Developing a Facility Testing Plan

All nursing facilities were notified in the May 18, 2020, CMS QSO-20-30-NH, of the need to establish a testing plan. The Division of Licensing and Certification (DLC) expects that facilities have been working on these plans and all facilities should have their testing plans in place by August 28, 2020. The testing plan must include:

1. The facility’s plan/process for conducting baseline testing of all staff (including volunteers, vendors, student nurses and nurse aids) and for conducting retesting consistent with Maine CDC staff retesting recommendations.

   Maine CDC guidance for staff re-testing frequency is:
   i. Facilities in counties designated by the Maine CDC as areas of community transmission (York, Cumberland, and Androscoggin) shall retest all staff at least every two weeks.
   ii. Facilities in counties designated by the Maine CDC as areas of low-to-no community transmission shall retest all staff at least monthly.

   This guidance is subject to change as the COVID situation evolves.

2. The plan/process for conducting testing of residents (following consultation with Maine CDC) should any resident or staff test positive.

3. The screening protocols to be used for all staff on all shifts, as well as essential non-employees entering the facility (vendors, EMS, essential visitors, etc.).

4. The plan for publicly posting COVID-19 test results that do not identify the personal information of the individuals tested.

5. The plan for publicly posting, after verification with DLC, which Phase of the CMS QSO-20-30-NH each facility is in.

Facilities shall submit evidence they have complied with the following CMS Phase II Criteria to dhrs.info@maine.gov prior to designation as being in Phase II.

   i. Case status in community has met the criteria for entry into Phase 2 (no rebound in cases after 14 days in Phase 1).
   ii. There have been no new nursing-facility onset COVID cases in the nursing facility for 14 days.
   iii. The nursing facility is not experiencing significant staff shortages (sufficient staff to meet resident care needs).
   iv. The nursing facility has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents.
   v. The nursing facility has adequate access to testing for COVID-19.
   vi. Referral hospital(s) have bed capacity on wards and intensive care units.
6. The identification of a back-up lab and written process for sampling and testing in the event the backup lab has different processes and forms for use.

Once a nursing facility has completed its testing plan, it shall be submitted to DLC at dlr.s.info@maine.gov where a copy will be maintained in the facility licensing file. Facilities should review and revise their plans when testing options and standards change and shall submit any revised plans to DLC once the facility has finalized their revised plan. Additionally, once facilities have completed baseline testing of all staff, they shall submit notification of completion and results to DLC at dlr.s.info@maine.gov.

Thank you and please feel free to reach out to the Division of Licensing and Certification if there are questions regarding this Advisory Memo.