



**CABINET FOR HEALTH AND FAMILY SERVICES  
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**Provider Guidance Memo: Admission, Discharge and Transfer for Long-Term Care Facility Residents**

**August 28, 2020**

On March 6, 2020, Governor Andy Beshear signed Executive Order 2020-215 declaring a state of emergency in the Commonwealth due to the novel coronavirus (COVID-19) pandemic. Therefore, in accordance with the authority of KRS Chapter 39A, KRS 194A.025, and KRS 214.020, the Cabinet for Health and Family Services, Office of Inspector General, in collaboration with the Department for Public Health, hereby issues the following directive that shall remain in effect until Governor Beshear rescinds the state of emergency under Executive Order 2020-215.

On April 22, 2020, the Cabinet for Health and Family Services (CHFS), Office of Inspector General (OIG), in collaboration with the Kentucky Department for Public Health (KDPH), issued a Guidance Memorandum concerning the determination of the most appropriate setting for care of a resident of a long-term care facility who exhibits symptoms of - or tests positive for - the COVID-19 virus. On May 11, 2020, the same agencies collaboratively issued supplemental guidance to health care providers.

This Provider Guidance Memo replaces guidance previously provided on this subject. The primary goals are to foster safe and effective navigation across the state's health care continuum, facilitate the sharing of high-impact practices, and support the health care provider community. It is based on the most current, evidence-based recommendations from the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), White House Coronavirus Task Force, and the CHFS Long-Term Care Advisory Task Force. Adherence to this guidance is expected to reduce the likelihood of transmission of COVID-19, but will not eliminate the risk to the health providers' residents/patients, staff or visitors.

**1) Definitions**

- a. **Guidance:** Recommended course of action; *not* a regulation or directive.
- b. **Isolation:** Separating infected (both sick and asymptomatic) people from healthy, non-infected people.
- c. **Long-Term Care Facility (LTCF):** Nursing Facility, Nursing Home, Intermediate Care Facility, Intermediate Care Facility for Individuals with Intellectual Disabilities, Personal Care Home, Assisted Living Community, Family Care Home, or Continuing Care Retirement Community.
- d. **Quarantine:** Keeping someone who was exposed or potentially exposed to COVID-19 away from others.
- e. **Standard Precautions (SP)\*:** Assumes that all blood, body fluids, secretions, excretions

(except sweat), non-intact skin, and mucous membranes *may* contain transmissible infectious agents. Applies to all patients, regardless of suspected or confirmed infection status, and includes hand hygiene, use of Personal Protective Equipment (gloves, gown, mask, eye protection or face shield) as indicated for the activity or interaction, and safe injection practices. Equipment or items in the patient room must be handled in a manner to prevent transmission of infectious agents, such as wearing gloves for direct contact and properly cleaning and disinfecting reusable items and equipment between uses.

- f. **Transmission-Based Precautions (TBP)\*:** When the route of transmission is not completely interrupted using Standard Precautions alone, one or more of the following may be necessary; private room strongly preferred.
  - i. **Contact Precautions (CP)\*:** Wear at least gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in his/her environment, donning PPE outside the room prior to entry and doffing (except for N95 mask) PPE inside the room prior to exiting; doff mask after patient contact if damp or soiled.
  - ii. **Droplet Precautions (DP)\*:** Wear mask for close contact with potentially infectious patient, donning PPE outside the room prior to entry and doffing (except for N95 mask) PPE inside the room prior to exiting; doff mask after patient contact if damp or soiled; if transported outside of the room, patient should wear a mask and follow Respiratory Hygiene/Cough Etiquette.

(\*) More complete guidance on operationalizing the listed precautions is available from the CDC at:

- o <https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html> and
- o <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
- o <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

2) **Admission/Transfer to a Hospital of a LTCF resident with suspected or confirmed COVID-19 is advised if:**

- a. The resident needs acute care interventions, such as airway management or breathing support;  
or
- b. The LTCF is unable to cohort-locate the resident in a COVID-19-specific area that meets CMS Guidelines.  
*and*
- c. Transfer does not contradict the resident's established goals of care or advance directives.

In collaboration with the LTCF's medical director (if applicable), local health department (list available at: <https://chfs.ky.gov/agencies/dph/dafm/LHDInfo/AlphaLHDListing.pdf>), and KY Department of Public Health (toll-free at 800-722-5727), the resident's primary care physician orders the transfer.

3) **Admission of a new or returning resident to a Long-Term Care Facility (LTCF) from an Acute Care Provider (Hospital),** apply the following:

- a. Resident is without a history of COVID-19 and without COVID-19 symptoms:
  - i. Resident should not require a negative COVID-19 test result prior to transition to a LTCF from an acute care provider. If tested, a negative COVID-19 result prior to transition to a LTCF is not necessary; the Hospital and LTCF should collaborate in advance of transfer concerning how test results can best be shared as soon as available.
  - ii. Quarantine and monitor the resident for COVID-19 signs or symptoms for 14 days following admission. Wear facemask, eye protection and perform hand hygiene for all caregiver-resident interactions; add gown and gloves for any activity involving close contact with the resident or the resident's environment.

- b. Resident previously tested positive for COVID-19:
  - i. Resident does not require a negative COVID-19 result prior to transition to a LTCF.
  - ii. For a resident who is
    - 1. Immunocompromised or had severe to critical illness with the COVID-19 infection staff should follow Transmission-Based Precautions (TBP) until
      - i. at least 20 days after symptoms first appeared, and
      - ii. at least 24 hours have passed since the last fever without the use of fever-reducing medications; and
      - iii. symptoms (e.g., cough, shortness of breath) have improved.
    - 2. Not severely immunocompromised and was asymptomatic or had mild to moderate illness with his or her COVID-19 infection, staff should follow TBP until at least 14 days after symptoms first appeared.
  - iii. Consistent with KDPH Guidelines for Release from Isolation (available at: <https://chfs.ky.gov/agencies/dph/covid19/Guidanceforreleasefromisolation.pdf>), at this time there is insufficient medical evidence to support the requirement for repeat diagnostic testing as a condition for the admission or return of a COVID-19 person to a LTCF. KDPH concurs with the CDC, and advises the use of a time-based strategy.
- c. If the LTCF is unable to adequately meet the person's post-acute needs, he/she should remain hospitalized or transfer to a LTCF with that capability.

**4) Testing for COVID-19 Following Recovery from Illness and Release from Isolation.**

- a. For a resident previously diagnosed with COVID-19 who remains asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset (date of testing, if asymptomatic) for the initial COVID-19 infection. Quarantine is not recommended in the event of close contact with an infected person during the same period.
- b. For a resident who develops new symptoms consistent with COVID-19 during the 3 months after initial infection, if a health care provider cannot identify an alternative etiology, then the resident may warrant retesting. Consultation with an infectious disease or infection control expert is recommended. Isolation may be considered during this evaluation, especially in the event COVID-19 symptoms develop within 14 days after close contact with an infected person.

The current public health emergency has resulted in a rapidly changing environment. The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers.



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