



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Nursing Facility Bulletin 145
April 2020

TO: Nursing Facilities Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director

RE: Infection Control Competencies and Expectations for Nursing Facilities

Background

In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth is implementing measures to monitor infection control policies employed at nursing facilities to protect against the spread of COVID-19. Specifically, MassHealth is requiring that nursing facilities submit the infection control self-assessment and attestation in Appendix A attached to this nursing facility provider bulletin, which will inform the frequency of infection control audits conducted by the Commonwealth. The results of these audits, over time, will impact certain supplemental payments to nursing facilities issued in accordance with the methodology described in a forthcoming administrative bulletin to be issued by the Executive Office of Health and Human Services (EOHHS). However, significant deficiencies in a nursing facility's compliance with federal or state statutory or regulatory requirements discovered through these audits may also result in further MassHealth disciplinary action.

This bulletin applies to nursing facilities that are enrolled as MassHealth providers.

This bulletin will remain effective for the duration of the state of emergency declared via [Executive Order No. 591](#).

EOHHS is coordinating with federal and local partners to respond to COVID-19. As this situation evolves, EOHHS may issue additional guidance on this topic as informed and directed by the Massachusetts Department of Public Health (DPH), the federal Centers for Medicare & Medicaid Services (CMS), and the federal Centers for Disease Control and Prevention (CDC).

Infection Control Competencies and Expectations

Adherence Methodology

While nursing facilities are expected to implement each competency listed in this nursing facility provider bulletin, MassHealth has developed a methodology to promote both adherence and improvement. MassHealth has identified 28 infection control competencies, which nursing facilities are expected to implement, and by which nursing facilities will be given an adherence score and determination upon its initial self-assessment and attestation submission and after each infection control audit. The adherence scores and determinations will be in accordance with the following methodology:

- Each of the competencies is valued at one point, for a maximum score of 28. In order to receive a point for the competencies that have sub-items (for example infection control supplies), each sub-item must be met.
- Regardless of a nursing facility's adherence score, if the facility does not meet the criteria of a competency labeled as a "core competency," the facility will be determined to be "**not in adherence.**"
- If a nursing facility has implemented all "core competencies" and received:
 - A score of 24 or more, the facility will be determined to be "**in adherence;**"
 - A score of at least 20, but less than 24, the facility will be determined to be "**in adherence but warranting reinspection;**" or
 - A score of less than 20, the facility will be determined to be "**not in adherence.**"

Nursing facilities that are determined to be in adherence but warranting reinspection, or that are determined to be not in adherence, will be subject to increased infection control audits based on their scores. The results of such audits will impact certain supplemental payments to be paid to the nursing facility under a methodology described in a forthcoming administrative bulletin issued by EOHHS.

The 28 infection control competencies are listed below. These competencies are consistent with guidelines from DPH, the CDC, and CMS at the time of the development of these competencies. This list of competencies may be updated and/or revised if additional or revised guidance is released by such agencies.

Infection Control Competencies

A. Infection Control

1. An infection control lead has been designated to address and improve infection control based on public health advisories (federal and state) and spends adequate time in the building focused on activities dedicated to infection control.
2. The nursing facility screens every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks.
3. **CORE COMPETENCY:** Residents who are confirmed by testing to be infected with COVID-19 or who are recovering from COVID-19 have been separated from residents who are not infected and have unknown status (i.e., in dedicated wings/units or in separate rooms). The following must be true:

- a. All residents who are confirmed positive for or recovering from COVID-19 are either in completely dedicated COVID-19 positive wings; or, if unavailable, residents are cohorted appropriately, either in a room alone or cohorted into a room with other confirmed cases.
 - b. All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases.
4. Resident cohorting is re-evaluated by infection control lead and clinical staff and implemented each day based on results of any of the following: surveillance testing (if available), temperature checks, and symptom screening in accordance with the CDC's recommendations.
5. The nursing facility has implemented a staffing plan to limit transmission, including:
 - a. Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive.
 - b. Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day.
 - c. An established policy to minimize the number of staff interacting with each resident.
6. **CORE COMPETENCY:** All congregate spaces have been closed and all group events involving close proximity ceased.
7. There is no communal dining, or, in accordance with CMS guidance, eating in dining areas with appropriate social distancing is only used as a last resort; i.e., only allowed for residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID-19, and with cognitive needs that warrant such accommodation. The facility must perform terminal cleaning at the end of each meal.
8. The nursing facility has ensured ongoing access to the following supplies:
 - a. Necessary supplies are available for hand hygiene. These include sinks with soap and water, paper towels, and alcohol-based hand sanitizer that is readily accessible in resident care areas, including adjacent to resident rooms, nursing units, hallways, or adjacent to elevators.
 - b. Health care professionals have access to Environmental Protection Agency (EPA)–registered hospital disinfectants or CDC-acceptable alternatives to allow for necessary and appropriate cleaning and disinfecting of high-touch surfaces and shared resident care equipment
9. The designated infection control lead maintains a line list of all patients who have been confirmed to meet clinical criteria of presumed COVID-19 including testing and results.

B. Personal Protective Equipment (PPE)

10. The nursing facility has initiated measures for procuring their own PPE and has a stable source of at least two weeks of PPE supply (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) across all PPE items. If a two-week supply is not available, the nursing facility has evidence that it has orders arriving to ensure PPE supplies for that two-week period.
11. The nursing facility has a contingency plan to address PPE supply shortages.
12. **CORE COMPETENCY:** Staff have been trained on selecting, donning, and doffing appropriate PPE and demonstrate competency of such skills during resident care.
13. Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with DPH guidance.
14. Individuals serving as PPE coaches, who are responsible for providing just-in-time education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies.
15. Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents, or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided.
16. Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents.
17. **CORE COMPETENCY:** If there are COVID-19 cases identified in the facility, health care professionals are wearing recommended PPE for care of all residents, in line with the most recent DPH PPE guidance.
18. Residents are wearing a facemask (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the nursing facility for essential medical appointments.
19. All nursing facility personnel are wearing a facemask while in the facility.

C. Staffing

20. The nursing facility can demonstrate that there has been advanced planning, in alignment with its emergency preparedness plans, for backup staffing utilizing all resources (temporary staffing agencies, state-wide [COVID-19 Long Term Care Facility Staffing](#) portal, or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines.

21. The nursing facility has a plan for expediting the credentialing and training of new health care professional staff brought in from other locations to provide resident care in the event that the facility reaches a staffing crisis.
22. A designated person has been assigned responsibility for conducting a daily assessment of staffing status and needs, and has implemented or is ready to implement backup plans, as needed.
23. The nursing facility's sick leave policies are non-punitive (i.e., they do not result in disciplinary actions or job performance reviews, and they do not require provider notes), flexible, and consistent with public health policies that do not dissuade health care professionals from staying home when they are sick.

D. Clinical care

24. **CORE COMPETENCY:** The nursing facility has infection control policies that outline the recommended transmission-based precautions that should be used when caring for residents with respiratory infection. These policies should accommodate for DPH and CDC guidance on PPE conservation methods.
25. **CORE COMPETENCY:** All health care professionals have been trained to recognize the signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, shortness of breath).
 - a. The nursing facility has a procedure in place for alerting the nurse responsible for the resident's care.
 - b. The nursing facility has documented clinical criteria for emergency transfer to a higher level of care.
26. All residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks, at a minimum of two times per day and documented in the clinical record.
 - a. Residents with any suspected respiratory or infectious illness are assessed (including documentation of respiratory rate, temperature and oxygen saturation) at least every four hours, during the day and evening shifts, to quickly identify residents who require transfer to a higher level of care.
27. When a resident is transferred from a nursing facility to a hospital or higher level of care for evaluation of any condition (including but not limited to, COVID-19), the facility has a policy to accept the resident's return to the facility regardless of COVID-19 status when the resident no longer requires the higher level of care, provided that the facility can still meet the clinical needs of the resident and has adequate staffing and bed availability.

E. Communication

28. A designated staff member has been assigned responsibility for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including but not limited to prevalence of confirmed cases of COVID-19 in staff and residents and PPE availability. Communication may include mass communications via email, telephone blasts, website posting, or individual outreach, as appropriate.

Self-Assessment and Attestation

An administrator or other appropriate representative from each nursing facility must submit a scanned copy of the executed self-assessment and attestation that appears in Appendix A via email to Caitlin Sullivan at CHIANursingFacilityData@state.ma.us on or before April 30, 2020. The submitted self-assessment must include both a signed and scanned copy of the checklist in Appendix A, as well as the completed Excel version of the checklist, which can be accessed at the following link: <http://www.mass.gov/media/2126626/download>. The signed and scanned copy will serve as the master copy, in the event that any discrepancies are found between the signed and scanned version and the Excel document.

Reporting Requirements

All nursing facility providers shall report certain metrics related to staffing levels and COVID-19 infection rates in the format prescribed by EOHHS. The reports shall be submitted by each nursing facility provider every Monday, with information reflecting the previous week (the previous Monday through Sunday). The data from these reports will be used to further inform the frequency of clinical audits of each nursing facility provider.

The **weekly** reports shall be submitted using the Center for Health Information and Analysis (CHIA) portal, which can be accessed using the following link: <https://chiasubmissions.chia.state.ma.us/>. For questions about access to CHIA portal accounts, logins and passwords, providers should seek assistance from the CHIA Help Desk by email at CHIA-DL-Data-Submitter-HelpDesk@MassMail.State.MA.US.

Infection Control Audits

Each facility will receive a baseline audit on their infection control competencies in the first two weeks of May 2020. The frequency of subsequent infection control audits after the baseline audit will be determined every two weeks based on the nursing facility's (1) performance on implementing the list of infection control competencies during the previous audits; (2) staffing levels based on the industry standard for hours of care per patient per day, as well as the frequency of staff call-out rates; (3) COVID-19 infection rates; and (4) historical DPH and CMS quality ratings.

**MassHealth
Nursing Facility Bulletin 145
April 2020
Page 7 of 7**

Infection control audits conducted in accordance with this nursing facility provider bulletin will be conducted by a team of State Clinical Auditors.

The results of these audits will be factored into the supplemental payments paid to the nursing facility under a forthcoming administrative bulletin issued by MassHealth. MassHealth may also pursue disciplinary action, including but not limited to sanctions under 130 CMR 450.238: *Sanctions: General*, as necessary, in the event that such audits reveal deficiencies in a nursing facility's compliance with state or federal statutory or regulatory requirements, including under 130 CMR 456.000: *Long-term Care Services* and 130 CMR 450.000: *Administrative and Billing Regulations*.

Additional Information

For the latest MA-specific information, visit the following link:

<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>.

The latest CMS guidance is available at the following link: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.

Questions

If you have questions about the information in this bulletin, please email your inquiry to Caitlin Sullivan at caitlin.sullivan2@massmail.state.ma.us.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Appendix A

Nursing Facility Provider Self-Assessment and Attestation to Infection Control Policies

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of _____, located at _____, (hereinafter “nursing facility”) and that the information provided in this self-assessment and attestation are true and accurate representation of the infection control policies in effect at such nursing facility.

Specifically, I represent and warrant that:

I have actual knowledge that the nursing facility currently adheres to the infection control competencies indicated below:

A. Infection control

- 1. An infection control lead has been designated to address and improve infection control based on public health advisories (federal and state) and spends adequate time in the building focused on activities dedicated to infection control.
- 2. The nursing facility screens every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks.
- 3. **CORE COMPETENCY:** Residents who are confirmed by testing to be infected with COVID-19 or who are recovering from COVID-19 have been separated from residents who are not infected and have unknown status (i.e., in dedicated wings/units or in separate rooms). The following must be true:
 - a. All residents who are confirmed positive for or recovering from COVID-19 are either in completely dedicated COVID-19 positive wings; or, if unavailable, residents are cohorted appropriately, either in a room alone or cohorted into a room with other confirmed cases.
 - b. All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases.
- 4. Resident cohorting is re-evaluated by infection control lead and clinical staff and implemented each day based on results of any of the following: surveillance testing (if available), temperature checks, and symptom screening in accordance with the CDC’s recommendations.
- 5. The nursing facility has implemented a staffing plan to limit transmission, including:
 - a. Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive.
 - b. Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day.

- c. An established policy to minimize the number of staff interacting with each resident.
- 6. **CORE COMPETENCY:** All congregate spaces have been closed and all group events involving close proximity ceased.
- 7. There is no communal dining, or, in accordance with CMS guidance, eating in dining areas with appropriate social distancing is only used as a last resort; i.e., only allowed for residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID-19 and with cognitive needs that warrant such accommodation. The facility must perform terminal cleaning at the end of each meal.
- 8. The nursing facility has ensured ongoing access to the following supplies:
 - a. Necessary supplies are available for hand hygiene. These include sinks with soap and water, paper towels, and alcohol-based hand sanitizer that is readily accessible in resident care areas, including adjacent to resident rooms, nursing units, hallways, or adjacent to elevators.
 - b. Health care professionals have access to Environmental Protection Agency (EPA) registered hospital disinfectants or CDC acceptable alternatives to allow for necessary and appropriate cleaning and disinfecting of high-touch surfaces and shared resident care equipment
- 9. The designated infection control lead maintains a line list of all patients who have been confirmed to meet clinical criteria of presumed COVID-19 including testing and results.

B. Personal Protective Equipment (PPE)

- 10. The nursing facility has initiated measures for procuring their own PPE and has a stable source of at least two weeks of PPE supply (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) across all PPE items. If a two-week supply is not available, the nursing facility has evidence that it has orders arriving to ensure PPE supplies for that two-week period.
- 11. The nursing facility has a contingency plan to address PPE supply shortages.
- 12. **CORE COMPETENCY:** Staff have been trained on selecting, donning and doffing appropriate PPE and demonstrate competency of such skills during resident care.
- 13. Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with DPH guidance.
- 14. Individuals serving as PPE coaches, who are responsible for providing just-in-time education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies.
- 15. Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided.
- 16. Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents.

- 17. **CORE COMPETENCY:** If there are COVID-19 cases identified in the facility, health care professionals are wearing recommended PPE for care of all residents, in line with the most recent DPH PPE guidance.
- 18. Residents are wearing a face mask (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the nursing facility for essential medical appointments.
- 19. All nursing facility personnel are wearing a facemask while in the facility.

C. Staffing

- 20. The nursing facility can demonstrate that there has been advanced planning, in alignment with its emergency preparedness plans, for backup staffing utilizing all resources (temporary staffing agencies, state-wide [COVID-19 Long Term Care Facility Staffing](#) portal, or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines.
- 21. The nursing facility has a plan for expediting the credentialing and training of new health care professional staff brought in from other locations to provide resident care in the event that the facility reaches a staffing crisis.
- 22. A designated person has been assigned responsibility for conducting a daily assessment of staffing status and needs, and has implemented or is ready to implement backup plans as needed.
- 23. The nursing facility's sick leave policies are non-punitive (i.e., they do not result in disciplinary actions or job performance reviews, and they do not require provider notes), flexible, and consistent with public health policies that do not dissuade health care professionals from staying home when they are sick.

D. Clinical care

- 24. **CORE COMPETENCY:** The nursing facility has infection control policies that outline the recommended transmission-based precautions that should be used when caring for residents with respiratory infection. These policies should accommodate for DPH and CDC guidance on PPE conservation methods.
- 25. **CORE COMPETENCY:** All health care professionals have been trained to recognize the signs and symptoms of COVID-19 (i.e., fever, cough, sore throat, or shortness of breath).
 - a. The nursing facility has a procedure in place for alerting the nurse responsible for the resident's care.
 - b. The nursing facility has documented clinical criteria for emergency transfer to a higher level of care.
- 26. All residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record.
 - a. Residents with any suspected respiratory or infectious illness are assessed (including documentation of respiratory rate, temperature and oxygen saturation) at least every 4 hours, during the day and evening shifts, to quickly identify residents who require transfer to a higher level of care.

- 27. When a resident is transferred from a nursing facility to a hospital or higher level of care for evaluation of any condition (including but not limited to, COVID-19), the facility has a policy to accept the resident's return to the facility regardless of COVID-19 status when the resident no longer requires the higher level of care, provided that the facility can still meet the clinical needs of the resident and has adequate staffing and bed availability.

E. Communication

- 28. A designated staff member has been assigned responsibility for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including but not limited to prevalence of confirmed cases of COVID-19 in staff and residents and PPE availability. Communication may include mass communications via email, telephone blasts, website posting or individual outreach, as appropriate.

Further, I hereby acknowledge that the nursing facility will cooperate fully with any audits, inspections, or requests for information or documentation related to its compliance with the conditions set forth in MassHealth Nursing Facility Provider Bulletin 145.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Please submit a scanned copy of the executed attestation via email to Caitlin Sullivan at CHIANursingFacilityData@state.ma.us.

The nursing facility should maintain the original executed copy of this self-assessment and attestation in its files.