

Centers for Medicare & Medicaid Services Announces its Recommendations for Re-Opening Health Care Facilities for Non-COVID-19 Care

By John B. Waters

On April 19, 2020, the Centers for Medicare & Medicaid Services (CMS) published its recommendations for re-opening health care facilities for non-COVID-19 care in states or regions that have met certain “Gating Criteria” announced by President Trump on April 16, 2020 (Recommendations). Gating Criteria consists of certain benchmarks that must be met before a region moves to different phases of re-opening facilities and services. The specific Gating Criteria proposed by the White House can be found [here](#).

The Recommendations set forth practices for non-COVID-19 care in states and regions that have met Gating Criteria such that non-COVID-19 care does not jeopardize capacity in such areas for treating any surge in COVID-19 cases. Consistent with such objective, CMS recommends health care facilities take the following actions when reopening for non-COVID-19 care:

Telehealth. Maximize the use of all telehealth modalities to the extent practicable.

Evaluate COVID-19 Cases and Trends in the Area. Work with state and local health officials to evaluate the incidence and trends for COVID-19 in the areas where re-starting non-COVID-19 care.

Evaluate Care Needs. Evaluate the necessity of the care and prioritize surgical/procedural care, high-complexity chronic disease management and necessary preventive services.

Evaluate Resources. Confirm sufficient resources are available to the facility across phases of care, including personal protective equipment (PPE), a healthy workforce, facilities, supplies, testing capacity, and post-acute care, without jeopardizing surge capacity.

Personal Protective Equipment

Provider and Staff PPE. Providers and staff should wear surgical facemasks at all times. Procedures on mucous membranes should be done with great caution, and staff should utilize appropriate respiratory protection, such as N95 masks and face shields.

Patient PPE. Patients should wear surgical masks or a cloth face covering, which may be home made.

Conserve PPE. Use every effort to conserve PPE.

Facility Considerations

Establish Non-COVID-19 Care (NCC) zones. In regions with a current low COVID-19 incidence rate, facilities should create NCC zones which have implemented steps to reduce risk of COVID-19 exposure and transmission; these areas should be separate from other facilities to the extent possible (i.e., separate building or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas).

Facilitate Social Distancing. Within the facility, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least six feet apart, and maintaining low patient volumes.

Prohibit Visitors. Visitors should be prohibited unless they are necessary for an aspect of patient care, and all visitors should be pre-screened in the same way as patients.

Workforce Availability

Facility Staff. Routinely screen staff for symptoms of COVID-19 and if symptomatic, test and quarantine them. Staff working in NCC zones should be limited to working in NCC zones and should not rotate into “COVID-19 Care zones” (e.g., they should not have hospital rounds and return to an NCC zone).

Community Staffing Levels. Staffing levels in the community must be adequate to cover a potential surge in COVID-19 cases.

Sanitation Protocols

Establish a Sanitation Plan. Establish a plan for thorough cleaning and disinfecting prior to using spaces or facilities for patients with non-COVID-19 care needs.

Decontaminate Equipment. Thoroughly decontaminate equipment in accordance with CDC guidelines.

Supplies. Ensure that there is adequate equipment, medication and supplies and that such stockpile does not inhibit the community’s ability to respond to a potential COVID-19 surge.

Testing Capacity

Screening. Screen all patients, staff and persons who regularly come into contact with the facility for symptoms of COVID-19, including routine temperature checks.

Laboratory Testing. When adequate testing capability is established, screen patients by laboratory testing before care, and regularly screen staff by laboratory testing.

Continually Re-evaluate Risk. Continually evaluate whether the state or region where the facility operates remains at low risk of incidence and be prepared to cease non-essential procedures if there is a surge in COVID-19 cases.

For more information on the Recommendations, please consult the following Roetzel attorneys.

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