**CMS Issues COVID-19 FAQs for Non LTC Facilities and ICFs/IIDs**

The Centers for Medicare and Medicaid Services (CMS) has issued a FAQs document to clarify existing guidance and flexibilities around COVID-19 and provide stakeholders with additional information based on questions received regarding the following entities: Ambulatory Surgical Centers (ASCs); Hospitals & Critical Access Hospitals (CAHs); Hospice; Rural Health Clinics (RHCs)/Federally Qualified Health Centers (FQHCs); and, most significantly to state IDD service systems, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID).

CMS points out that regulations regarding ICF/IID discharge have not been waived, meaning that “a discharge, even on a temporary emergency basis, requires that key developmental, behavioral, social, health and nutritional information be shared with the accepting facility in the community or non-facility provider.” CMS is “aware that staffing shortages and/or client surges due to the PHE create a high demand on available staff time that makes it difficult to complete a full discharge summary for each client,” and indicates that “each ICF will need to evaluate what amount and detail of documentation is necessary to ensure that critical health information is shared with the accepting facility or other provider.”

According to the FAQ, “clients who are admitted on a temporary emergency basis to an ICF during the PHE will nonetheless continue to need to have a Comprehensive Functional Assessment (CFA) and an Individual Program Plan (IPP) in accordance with 42 CFR 483.440(c).

The FAQ also indicates that “when a client has tested positive for COVID-19 and the ICF/IID implements quarantine procedures… the ICF/IID must revise the client’s IPP to reflect specific procedures and steps that will be taken to quarantine the client while also taking every step reasonable to protect the rights, safety, and health of the infected client, as well as those of the staff and other clients.”

**FMI:** The FAQs can be found at [https://www.cms.gov/files/document/covid-faqs-non-long-term-care-facilities-and-intermediate-care-facilities-individuals-intellectual.pdf](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2Ffiles%2Fdocument%2Fcovid-faqs-non-long-term-care-facilities-and-intermediate-care-facilities-individuals-intellectual.pdf&data=02%7C01%7Cginnie.whisman%40DODD.OHIO.GOV%7Cda1a005e2a34484dda1b08d8148da140%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C1%7C637281945825206824&sdata=ncGLCXwURVY4SIvJyfdvraEeQjP9Qedv%2FwpGd58rbZY%3D&reserved=0)

**FAQs** Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)

31. Question: How should an ICF handle the discharge summary when a client is admitted on a temporary emergency basis from the community or another ICF?

Answer: Regulations regarding ICF/IID discharge have not been waived. A discharge, even on a temporary emergency basis, requires that key developmental, behavioral, social, health and nutritional information be shared with the accepting facility in the community or non-facility provider. CMS is aware that staffing shortages and/or client surges due to the PHE create a high demand on available staff time that makes it difficult to complete a full discharge summary for each client. Each ICF will need to evaluate what amount and detail of documentation is necessary to ensure that critical health information is shared with the accepting facility or other provider. When available and if appropriate, the Interdisciplinary Team (IDT) should maximize the use of telehealth for the completion of a client’s discharge plan during the PHE.

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Consistent with their wishes and their person-centered plans, clients should be discharged to the most integrated setting appropriate. The integration mandate of the Americans with Disabilities Act requires facilities to avoid subjecting persons with disabilities to unjustified institutionalization or segregation.

32. Question: How should an ICF handle the development of a Comprehensive Functional Assessment (CFA) and an Individual Program Plan (IPP) when a client is admitted on a temporary emergency basis from the community or another ICF?

Answer: Clients who are admitted on a temporary emergency basis to an ICF during the PHE will nonetheless continue to need to have a Comprehensive Functional Assessment (CFA) and an Individual Program Plan (IPP) in accordance with 42 CFR 483.440(c). Completion of these documents will provide an opportunity for the IDT and staff to meet the basic and critical care needs of the client. CMS is aware that staffing shortages and/or client surges due to the PHE may create a high demand on available staff time that makes it difficult to complete a full CFA and IPP. Each ICF will need to evaluate what amount and detail of documentation is necessary to ensure that critical health and treatment information is identified to allow active treatment during the PHE. This health and treatment information will support successful adjustment for the client to the new temporary living environment. When available and if appropriate, the IDT should maximize the use of telehealth for the development of a client’s IPP for temporary emergency admissions during the PHE.

33. Question: During the PHE are ICFs still required to have and use a specially constituted committee or committees?

Answer: Yes. CMS believes that the use of this committee may be of value during the time of the COVID-19 PHE. The committee can provide an opportunity to support and make suggestions to facilities as they may need to adapt policies and procedures as well as why and how services are being provided to clients, which clients may find difficult to understand and potentially lead to inappropriate adaptive behavior. When available and if appropriate, the

specially constituted committee should maximize the use of telecommunications to convene this committee as a resource to support the challenges faced by staff and clients during the PHE.

34. Question: When a client has tested positive for COVID-19 and the ICF/IID implements quarantine procedures, client rights are immediately abridged and severe behaviors are likely to occur. What is the guidance from CMS on balancing the CDC expectations with the rights of the individual?

1 Please note that consistent with the integration mandate of Title II of the ADA and the Olmstead vs LC, [527 U.S. 581 (1999)], decision, facilities are obligated to offer and provide discharge planning, case management, and transition services, as appropriate, to individuals who are removed from their Medicaid home and community based services under these authorities during the course of the public health emergency, as well as to individuals with disabilities who may require these services in order to avoid unjustified institutionalization or segregation. Transition services, case management, and discharge planning should be provided to facilitate these individuals in their return to the community when their condition and public health circumstances permit, consistent with an individual’s wishes and person-centered plan.

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Answer: The health and safety of the clients, visitors, and staff at an ICF/IID are of the utmost importance for CMS. Based on the ICF Emergency Preparedness plan, and in accordance with the requirement at 42 CFR 483.440(c)(3)(v) that the IPP assess the client’s health status in the context of a COVID-19 diagnosis, the ICF/IID must revise the client’s IPP to reflect specific procedures and steps that will be taken to quarantine the client while also taking every step reasonable to protect the rights, safety, and health of the infected client, as well as those of the staff and other clients. ICF/IIDs are encouraged to use telehealth and assistive technology to minimize social isolation to the extent possible.

35. Question: Are intermediate Care Facilities required to participate in the COVID-19 CDC National Healthcare Safety Network (NHSN) reporting requirements?

Answer: ICF/IIDs do not have a regulatory requirement for the reporting of communicable diseases, healthcare-associated infections, and potential outbreaks to Federal (such as the CDC), State and/or local health departments. ICF/IIDs do have a requirement under 42 CFR 483.420(c)(6), which addresses communication to family and/or guardian when a client’s condition changes, including the onset of serious illness (such as COVID-19).

Although reporting to CDC is not required, ICF/IIDs may voluntarily report COVID-19 cases to the CDC, and CMS encourages them to do so to facilitate public health tracking of the pandemic. You may find the following CDC resource links helpful: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/covid19-enrollment-508.pdf and https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/cms-covid19-req-508.pdf.