End of Public health emergency

# Changes following the end of the PHE May 11th, 2023

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| Regulatory Enforcement  * Ending - Mandated Infection Control Surveys, no longer a requirement for surveyors to conduct Federal Infection Control Surveys for 20% of SNFs * Ending - F885 Citations:  Not required to notify all residents and their representatives when there is a positive case in the facility or if there have been three or more residents with respiratory symptoms. * Ending - F888 Citations:  No requirement for all healthcare staff to be fully vaccinated for COVID-19. | |
| Infection Control Procedures  * The Community Transmission Level map will be removed from the COVID Data Tracker on May 11th * Facilities are advised to implement source control when public health indicators show increased levels of respiratory illness in the community, such as increased hospital admissions or wastewater level detection. | * Staff COVID-19 Vaccine Requirements end, but still required to educate staff, residents, and visitors on the benefits of vaccination, current FDA recommendations, and to make vaccines available to residents and staff. * Expiration of [QSO-20-38-NH](https://protect-us.mimecast.com/s/IITDCzpQ3otMoMBUDSBFI?domain=cl.exct.net) (COVID-19 Testing) * Revision of [QSO-20-39-NH](https://protect-us.mimecast.com/s/sQRcCADWVxfNANotgabg2?domain=cl.exct.net) (Visitation) – conduct visits during outbreaks within resident rooms and advise visitors to wear source control and physically distance |
| Operational Requirements Resume  * Emergency Prep Full-Scale Exercise * PASRR Evaluations * 3-Day Stay to activate Med A * 60-Day Wellness to restart Med A Benefits | * Room moves require notification and care plan (no more automatic cohorting) * ABHR dispensers installed to [prevent inappropriate use](https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf?cm_ven=ExactTarget&cm_cat=Focus+F-Tag+of+the+Week+10.26.22&cm_pla=Marks+Memos+2022+List&cm_ite=State+Operations+Manual+Appendix+PP-Guidance+to+Surveyors+for+Long+Term+Care+Facilities.&cm_lm=1633160670&cm_ainfo=&&&&&) [§483.90(a)(4)], comply with [Life Safety Code](https://www.cdc.gov/handhygiene/firesafety/index.html#:~:text=Must%20not%20exceed%2095%25%20alcohol,at%20least%2060%25%20alcohol.)&text=1.2%20liters%20(41%20ounces%2C%200.32,and%20areas%20open%20to%20corridors.) |
| Telehealth Permissions  * Therapists (PT, OT, ST) can continue conducting and billing for telehealth visits for established care relationships, but that ability will end on 10/9/2023. | * Physician visits and non-physician practitioner visits must be conducted in person as of May 2022. * No longer permit use of technology such as unsecure iPads, phones, or platforms for telehealth services unless they meet HIPAA patient privacy requirements. |
| Continuing | |
| * Reporting COVID infection to CDPHE * Notify residents/families of active outbreaks (but will not be enforced by CMS) * Post signage at entrance to educate visitors in current IPC practices and when to test & mask * Offer COVID vaccination education and vaccine access to residents and staff (through 5/21/2024) | * Testing according to CDC Guidance (for suspected infection or exposure) * EMResource reporting * NHSN reporting (revisions to reduce burden expected mid-June) – through Dec. 2024 * State-Level RN Waiver |