



State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

MEMORANDUM

DATE: April 22, 2020

TO: Louisiana Psychiatric Hospitals, Distinct Part Psych Units and Mental Health/Substance Use Residential Facilities

FROM: Karen Stubbs Church
Assistant Secretary

SUBJECT: COVID-19 positive persons with mental illness and/or substance use disorders

In light of the national COVID-19 crisis, there are increased associated risk factors for persons with mental illness and/or substance use disorders due to increased levels of stress, anxiety, depression and other comorbid conditions. Because of these factors, it is extremely important that individuals who are COVID-19 positive and who may be persons under investigation (PUI), who are not at risk for more severe medical or respiratory outcomes (i.e., those with early or mild symptoms), continue to have access to these residential levels of care if/when medically necessary.

Louisiana's inpatient psychiatric hospitals, distinct part psych units and residential facilities (including residential substance use disorder treatment facilities, psychiatric residential treatment facilities [PRTFs] and therapeutic group homes) should continue to provide these essential services to both existing and newly-admitted patients. These facilities should provide services as long as such individuals can be managed safely in those settings, are not at risk for more severe medical outcomes or respiratory disease, and are not in need of more acute or higher levels of medical care.

General Guidance

The Centers for Medicare and Medicaid Services (CMS) has issued Guidance for Infection Control and Prevention of COVID-19 in PRTFs. Behavioral health inpatient and residential providers can access this guidance here: <https://www.cms.gov/files/document/qso-20-23-icf-iid-prtf.pdf>.

Facility staff should regularly monitor the CDC website for information and resources (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). Per the CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel and visitors. Facilities should continue to be vigilant in identifying any possible infected individuals. Consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. The following link can be used for guidance on screening visitors and monitoring or restricting facility healthcare staff: <https://www.cdc.gov/coronavirus/2019-ncov/symptomstesting/index.html>.

The Office of Behavioral Health encourages facilities to take advantage of resources made available by the CDC and CMS to train and prepare staff to improve infection control and prevention practices. These resources may be found at the following links:

<https://www.cdc.gov/longtermcare/index.html>; and
<https://www.medicaid.gov/state-resourcecenter/disaster-response-toolkit/federal-disaster-resources/index.html>.

Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care. Staff should adjust communication about COVID-19, virus infection prevention and control procedures taken by the facility, and any potential modifications or restrictions to residents' daily routine. These modifications and restrictions should be appropriate to the resident or family member's age and preferred language, as well as their emotional, psychological and functioning status while using required auxiliary aides and services.

Facilities experiencing any new respiratory illnesses regardless of suspected etiology among residents or healthcare personnel should be initially evaluated by their facility medical professional. If deemed necessary, immediately call the Louisiana Infectious Disease Epidemiology (IDePi) Hotline at **1-800-256-2748** for consultation and guidance.

Guidance for Limiting the Transmission of COVID-19 for Mental Health and Substance Use Disorder Inpatient and Residential Service Providers

Can inpatient and residential facilities combine residents of several homes/units if staffing is not available? If so, do inpatient and residential facilities need to get a facility-specific authorization to exceed their certified bed capacity?

Because of the high infection rate of COVID-19 and the increased vulnerability of people with disabilities to have serious response due to complications, people should, as a rule, not be forced into settings that would increase social interaction beyond recommended levels. Instead, people should be moved into community-based settings, if possible.

How should facilities monitor or restrict healthcare facility staff?

The same screening performed for visitors should be performed for facility staff.

- Staff who have signs and symptoms of a respiratory infection should not report to work.
- Any staff who develop signs and symptoms of a respiratory infection while on the job, should:
 - Immediately stop work, put on a face mask and self-isolate at home;
 - Inform the facility's leadership, and include information on individuals, equipment and locations the person came in contact with; and
 - Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work
(<https://www.cdc.gov/coronavirus/2019ncov/hcp/guidance-risk-assesment-hcp.html>).

Facilities should call the Louisiana IDEpi Hotline at **1-800-256-2748** for consultation and guidance, and frequently review the CDC website dedicated to COVID-19 for healthcare professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).

Should inpatient and residential facility community activities be limited for all people or should it be a person-centered decision based on the team's evaluation of the risks?

Community activities should be limited in accordance with current CDC guidance and other state and federal requirements. Nationally, the CDC has advised individuals should practice social distancing, avoid gatherings of more than 10 individuals for high-risk populations and go into the community only for essential activities. <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html>.

Furthermore, on March 22, 2020, Gov. Edwards issued a [stay-at-home order](#) - "To preserve the public health and safety, and to ensure the healthcare system is capable of serving all citizens in need, especially those at high risk and vulnerable to COVID-19, all individuals within the State of Louisiana are under a general stay-at-home order and are directed to stay home unless performing an essential activity."

How do we address the potential staffing shortage due to a 14-day quarantine for exposed health professionals who were not fully gowned and goggled, which has the potential of wiping out our entire staffing?

Please review the CDC website for updated information regarding exposure of Healthcare Professionals (HCPs). The CDC has provided recommendations on flexibility for asymptomatic, exposed HCPs to return to work "in selected circumstances." The CDC has established specific risk categories and provided recommendations regarding self-isolation and asymptomatic HCPs. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.

When a resident has tested positive for COVID-19 and we implement quarantine procedures, client rights are immediately abridged and severe behaviors are likely to occur. This could be a situation where abuse via involuntary seclusion is an issue that has to be addressed. What is the guidance from CMS on balancing the CDC expectations with the rights of the individual?

The health and safety of the residents, visitors and staff are the highest priority. For residents who have been found positive for COVID-19 virus, the resident's treatment plan should include what specific procedures and steps should be taken for quarantine of the resident while also taking every step reasonable to protect the rights, safety and health of the infected residents as well as staff and other residents. The facility quarantine procedures and steps should be consistent with the recommendations of the state and federal health agencies.

Facilities should adhere to the infection prevention and control practices issued by the CDC. Currently, having residents in their room with the door closed is the primary recommendation by the CDC for long-term care facilities (<https://www.cdc.gov/coronavirus/2019ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>). If that is not possible, options may include having the individual wear a face mask or other covering over their nose/mouth and provide whatever space restrictions are tolerated, such as 6-foot social distancing. Facilities will have to consider multiple solutions to quarantine and preparedness is key in addition to good infection control practices.

Facilities should work with all residents to maintain good infection control practices and to perform thorough environmental cleaning. See the CDC link for cleaning recommendations at: <https://www.cdc.gov/coronavirus/2019ncov/community/organizations/cleaning-disinfection.html>. These steps may help residents to better endure the stress and anxiety of confinement with less impact to their existing emotional and/or psychological disability. It will be important, to the degree possible, to allow these individuals to experience some of their daily routines, including access to outdoors, staff and treatment while still under quarantine.

How should facilities screen visitors and outside healthcare service providers?

Facilities should actively screen and restrict visitation or healthcare service providers (e.g. contract therapist) by those who meet the following criteria:

1. Signs or symptoms of a respiratory infection, such as a fever, cough or difficulty breathing.
2. Contact with someone with or under investigation for COVID-19 or ill with respiratory illness.
3. International travel within the last 14 days to countries with widespread or ongoing community spread. For updated information on countries, visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travelprecautions.html>
4. Residence in a community where community-based spread of COVID-19 is occurring. For more information on mitigation plans for communities identified to be at risk, visit: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

For those individuals who do not meet the above criteria, facilities can allow entry but may require visitors or outside health care providers to use Personal Protective Equipment (PPE) such as face masks as an extra precaution, as available. For residents who are not able to have visitors or outside healthcare provider visits due to having medical risk factors if they were to contract COVID-19 or for those who test positive for COVID-19, facilities should consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video communication, etc.).
- Creating/increasing listserv communication to update families or outside healthcare providers, such as advising not to visit.
- Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

When should mental health and substance use disorder treatment facilities consider transferring a client/resident with suspected or confirmed infection with COVID-19 to a hospital?

Decisions regarding when a given resident with suspected or confirmed infection with COVID-19 should be transferred to a hospital must be made on a case-by-case basis, and must be informed by the resident's medical status and acuity, as well as by the facility's ability to care for, monitor and provide medically necessary services related to the resident's medical and behavioral health needs.

Facilities concerned that a resident, visitor or employee may be a COVID-19 patient under investigation should call the Louisiana IDEpi Hotline at **1-800-256-2748** immediately for consultation and guidance. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not

require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a face mask on the resident during transfer. If the resident does not require hospitalization, they can be discharged to home in consultation with the Louisiana IDEpi Hotline at **1-800-256-2748** if deemed medically, clinically and socially appropriate.

Pending transfer or discharge, the facility should place a face mask on the resident and isolate him/her in a room with the door closed. If it is not possible for the resident to effectively wear a face mask, then a staff member with a face mask should provide supervision to ensure the resident stays isolated until transfer.

For a resident who is being transferred, it will be important that staff communicate the appropriate amount of details and steps that will be followed in order to confirm the resident understands what to expect during the transfer. This would include providing any necessary devices, aids and supports to help provide as much comfort and reassurance during the transfer experience.

When should a facility accept from a hospital a resident who was diagnosed with COVID-19?

A facility can accept a resident diagnosed with COVID-19 and still operate under transmission-based precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a facility cannot follow the guidance, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).

Information on the duration of infectivity is limited, and the CDC interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue transmission-based precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details). <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Note: Facilities should admit any individuals that they would normally admit to their facility who are not symptomatic, including individuals from hospitals where a case of COVID-19 was/is present if they are able to adhere to the infection prevention and control practices recommended by the CDC.

Also, if possible, facilities should dedicate a wing or room/s for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of numerous resources that are listed below:

CDC Resources:

- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Findex.html
- CDC COVID-19 symptoms and testing: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>
- CDC disinfection control cleaning: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC list of all state health agencies: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>
- Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

CMS Resources:

- Medicaid Disaster Response Resources: <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html>
- Medicaid telehealth benefits: <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>
- CMS telemedicine for Medicare: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- CMS PRTF Appendix N: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_n_prtf.pdf

State Resources:

- Providers may find more information about the coronavirus (COVID-19), including tips and resources for healthcare providers, by visiting: <http://ldh.la.gov/Coronavirus/>.
- Specific information for providers is located here: <http://ldh.la.gov/index.cfm/page/3880>.