



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 25, 2022
DAL NH 22-09

Dear Nursing Home Administrator:

The purpose of this letter is to provide nursing homes with updated information on visitation and nursing home staff and resident testing requirements based on recent guidance issued by the Centers for Medicare and Medicaid Services (CMS) and dated March 10, 2022. The information contained in this DAL supersedes and replaces previously issued guidance and recommendations noted in DAL-NH-21-27 and aligns with CMS requirements. CMS recognizes the “up-to-date” vaccination status, meaning a person has received all recommended COVID-19 vaccines, **including any booster dose(s) when eligible**. In general, only staff who are up-to-date will not be subject to routine COVID testing. Currently, this DAL does not remove the requirement for visitor testing.

Visitation Requirements

Nursing home providers are expected to read and comply with the information provided in [QSO-20-39-nh-revised](#) including revised visitor screening information. Based on the updated guidance, **visitors** who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for **residents** to [discontinue transmission-based precautions](#) (quarantine). Facilities should screen all who enter for these visitation exclusions. As previously stated, except under limited circumstances, visitation should be allowed for all residents at all times.

In addition, as stated in CMS memorandum [QSO-20-39-nh-revised](#), “facilities should ensure that physical distancing can still be maintained during peak times of visitation,” and “facilities should avoid large gatherings (e.g., parties, events).” This means that facilities, residents, and visitors should refrain from having large gatherings where physical distancing cannot be maintained in the facility. In other words, if physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy, such as asking visitors to schedule their visit at staggered time slots throughout the day, and/or limiting the number of visitors in the facility or a resident’s room at any time. If a resident’s roommate is **not up to date with all recommended COVID-19 vaccine doses**, or immunocompromised (regardless of vaccination status) visits should not be conducted in the resident’s room, if possible.

Nursing Home Testing Requirements

CMS also updated nursing home testing requirements which can be found at [QSO-20-38-nh-revised.pdf](#). Nursing homes are expected to comply with the revised guidance and testing protocols. Specifically, the revised testing requirements reference [“up-to-date”](#) to mean that a

person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Please be aware of the revised testing requirements for staff. Specifically, routine testing of staff who are not up to date should be based on the level of community COVID-19 transmission. Staff who are up to date do not have to be routinely tested. For healthcare personnel who work in the facility infrequently, see the CDC's [testing guidance](#).

Per revised CMS guidelines, nursing homes should use their community transmission level as the trigger for staff testing frequency. COVID-19 community transmission levels are available on the CDC COVID-19 Integrated County View site: <https://covid.cdc.gov/covid-data-tracker/#county-view>.

Routine Staff Testing

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff who are not up to date ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

Staff who are up to date do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

If the level of community transmission decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained at the lower activity level for at least two weeks before reducing testing frequency.

In accordance with CMS and CDC guidance, in general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

In addition, when prioritizing individuals to be tested, facilities should prioritize individuals with signs and symptoms of COVID-19 first, then perform testing triggered by an outbreak investigation in accordance with the requirements found on page 4 in [QSO-20-38-nh-revised.pdf](#).

Lastly, nursing homes are healthcare settings, but they also serve as a home for long-stay residents and quality of life should be balanced with risks for transmission. CMS and CDC recognize that in light of this, consideration could be given to allowing residents who are up to date with all recommended COVID-19 vaccine doses to not use source control when in communal areas of the facility; however, residents at [increased risk for severe disease](#) should still consider continuing to practice physical distancing and use of source control.

Please review this correspondence along with the CMS revised guidance referenced in this DAL with all staff including the direct care, clinical and medical teams to support the highest levels of health and safety for residents and staff. Maintaining masking of staff and visitors and identifying COVID-19 positive individuals are of critical importance.

Sincerely,

A handwritten signature in cursive script that reads "Sheila McGarvey".

Sheila McGarvey
Director
Division of Nursing Homes and ICF/IID
Surveillance
Center for Health Care Quality and
Surveillance