

Best practices for COVID-19 related admissions from hospitals to long-term care facilities

(Updated 11/15/2022)

Purpose

Ensuring hospital bed capacity for those who require acute care is an important component of the healthcare response to the COVID-19 pandemic. The ability to discharge hospitalized patients to an appropriate level of care is crucial to maintaining that capacity. Patients with suspected or confirmed COVID-19, who are still infectious and who no longer require hospital resources, can be discharged to settings equipped to provide appropriate care while maintaining the safety of staff and other residents.

Neither discontinuation of [Transmission-Based Precautions](#) nor negative COVID-19 test results are required prior to hospital discharge.

This document addresses discharge of people who are hospital inpatients to long-term care facilities (LTCF) as well as the timing for discontinuation of Transmission-Based Precautions. LTCFs include assisted living, residential care and nursing facilities, or other care settings (such as adult foster homes).

Key points

- LTCF residents evaluated in a hospital for symptoms unrelated to COVID-19 can return to their home facility without a negative COVID-19 test.
- Patients with COVID-19 who require [Transmission-Based Precautions](#) can be transferred to a LTCF as long as the facility has met infection prevention and control criteria for the care of COVID-19 patients.
- Patients who no longer require Transmission-Based Precautions can be discharged to a LTCF.

Discharge of patients or residents with no signs or symptoms of COVID-19

At this time, it is considered a best practice that LTCF residents who are evaluated in a hospital for symptoms **not** associated with COVID-19 infection **can be transferred or returned to their home facility without a negative COVID-19 test**. Requiring a negative test in this scenario:

- Is not recommended by either Oregon Health Authority (OHA) or the Centers for Disease Control and Prevention (CDC); and
- Is of questionable benefit in preventing introduction of COVID-19 into LTCFs as it does not circumvent the need to complete the [recommended series of testing](#) on admission/readmission in counties where [Community Transmission](#) levels are high
 - Masking is currently required in long-term care facilities in accordance with [OAR 333-019-1011](#).
 - Admission testing at lower levels of community transmission is at the discretion of the facility.

Hospitals are not required to perform COVID-19 testing on patients solely for discharge considerations. Testing is recommended if a patient develops [new symptoms suggestive of COVID-19](#) or has a known exposure to COVID-19 within the past 14 days. Exposure would include close contact (within 6 feet) for 15 or more minutes during a 24-hour period with an individual with confirmed COVID-19 from 2 days before the case's symptom onset or, for asymptomatic cases, 2 days prior to the collection of the first specimen that tested positive, through the time period when the case meets [CDC criteria for discontinuation of Transmission-Based Precautions](#).

Discharge of patients or residents with confirmed COVID-19 who require Transmission-Based Precautions

Prospective or returning LTCF residents with COVID-19, who are being discharged from the hospital and have not yet met criteria for discontinuation of Transmission-Based Precautions for COVID-19, **can be transferred to a LTCF as long as the following criteria are met**

- The facility has sufficient staff to meet the needs of the residents, and
- All infection control measures are implemented and strictly followed and monitored in accordance with OHA, CMS, and CDC guidelines, and

- When the facility has any COVID-19 positive residents, the facility is able to safely isolate the resident in a COVID unit, designated COVID area, or private room with private bathroom; and, whenever possible, provides dedicated staff to care for residents with COVID-19.

Requirement

Hospitals are required under [OAR 333-019-0052](#) to provide advanced notice to a receiving LTCF for any transfer of a patient with confirmed or suspected COVID-19 who still requires Transmission-Based Precautions. Similarly, LTCFs that become aware that a person they are transferring to a hospital, or another facility, requires Transmission-Based Precautions are required to notify the receiving facility.

Best practice

- Though not required under OAR 333-019-0052, it is recommended that hospitals and LTCFs notify a receiving facility upon transfer of any patient/resident who is likely to have been exposed to COVID-19, either through known close contact with an infected person or due to residence or hospitalization in a facility during an active COVID-19 outbreak.
- It is also a best practice that discharge planners, under Transmission-Based Precautions for COVID-19, follow a tiered approach for discharge of LTCF residents with confirmed COVID-19 who do not have access to dedicated COVID-19 facilities. The order of preference of discharge is as follows:
 1. Transfer LTCF residents to a receiving facility with a separate area dedicated to COVID-19 patients, including dedicated staff and PPE.
 2. Transfer LTCF residents to a receiving facility that has private rooms with private bathrooms.

Discharge of patients or residents with confirmed COVID-19 who do not require Transmission-Based Precautions

If Transmission-Based Precautions have been discontinued, as per [CDC recommendations](#), and symptoms have resolved, patients **can be discharged to an LTCF**. They can be placed into a regular room without Transmission-Based Precautions and can be roomed with another resident.

After a known exposure to COVID-19, asymptomatic residents who have recovered from COVID-19 do not generally need to be tested within 30 days of their onset of symptoms or first positive COVID test (whichever is earlier). Testing should be

considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. If symptoms develop, alternative medical diagnoses should be considered, particularly while influenza and other respiratory viruses are circulating.

Patients or residents with suspected COVID-19, with test results pending

A person with active symptoms suggestive of COVID-19 **should not be transferred to a LTCF until test results are available, unless:**

- There is urgent need to transfer the resident, such as a shortage of hospital beds resulting in an overload of patients awaiting hospital discharge, and
- The facility is experienced and able to care for residents with suspected COVID-19, and
- The hospital must provide clear notification to the receiving facility about the pending COVID-19 test. The receiving facility should place the resident in Transmission-Based Precautions until confirmation of COVID-negative test and respiratory illness symptoms have resolved.

Patients or residents investigated for possible COVID-19 with a negative test

Prospective or returning LTCF residents investigated for possible COVID-19, due to onset of concerning signs or symptoms or change in health status, who have a negative COVID-19 test, and are deemed to not have COVID-19 based on clinician assessment, **may be discharged to a COVID-negative facility that is appropriately isolating and able to provide appropriate care while maintaining the safety of staff and other residents.**

The following are considered best practices related to hospital discharges of patients or residents investigated for possible COVID-19 with a negative test:

- Healthcare professionals caring for a patient in the hospital or community setting should consider evaluation of other potential causes of illness (e.g., influenza). When suspicion for COVID-19 remains high, repeat testing for COVID-19 is recommended. Note: Antigen tests are considered less sensitive than molecular (e.g., PCR, NAAT) testing. Negative antigen tests in symptomatic residents should be confirmed with molecular testing.

- Discharge planners should communicate clinical status, COVID-19 exposure, test results, and indication for continuation of Transmission-Based Precautions to the receiving facility.
- Appropriate duration of Transmission-Based Precautions should be implemented for the resident if an alternative infectious diagnosis (e.g., influenza) is suspected.
- Receiving facilities should consider re-testing for COVID-19 immediately if a resident develops additional COVID-compatible symptoms. If the test is positive for SARS-CoV-2, the start date for transmission-based precautions should be reset based on the onset date of the new COVID-compatible symptoms

Additional pathways for hospitals to navigate discharge to LTCFs

The following is information to assist hospitals in overcoming barriers to discharge to long-term care facilities.

APD offices and some Area Agencies on Aging (AAA) offices statewide provide Medicaid eligibility assessments and case management services for individuals who receive Medicaid long-term services and supports. Staff in APD and AAA [local offices](#) are often the best contacts for resolving issues. Establishing and cultivating relationships between hospital staff and staff in APD/AAA offices is critical to the ongoing success of the discharge process to long-term care facilities. Ongoing meetings and case consultations have been shown to increase efficiencies, reduce frustrations and facilitate timely discharges.

In addition to working with APD/AAA offices, the following table provides examples of options for overcoming discharge barriers.

Issue	Mitigation
Individual does not choose to apply for Medicaid.	Work with the individual on options counseling and include family members if the individual approves their participation. Hospitals can refer patients to the Aging and Disability Resource Connection of Oregon for assistance.
Individual needs a guardian.	Contact the local Guardianship Office (if applicable) or the Office of the Public Guardian . Engage with family members on feasibility of pursuing guardianship.
Individual was assessed and determined not to meet criteria for Medicaid long-term care services and supports through APD.	Proceed with private-pay discharge practices and/or contact APD's Aging and Disability Resource Connection of Oregon (ADRC) at 1-855-ORE-ADRC to identify other resources.
The individual does not qualify for Medicaid long-term care services through APD, and the individual has a documented behavioral health diagnosis.	Proceed with private-pay discharge practices and/or contact APD's Aging and Disability Resource Connection of Oregon (ADRC) at 1-855-ORE-ADRC to identify other resources. Also contact the local Community Mental Health Program in the area where the individual resides.
The individual has an intellectual or developmental disability and needs services or has been denied services.	Work with APD local offices to resolve. APD will also collaborate with ODHS Office of Development Disabilities Services to serve this population.

Issue	Mitigation
A placement has been identified, but the provider requires an exceptional rate to accept the individual.	Direct the provider to work with the consumer's APD/AAA case manager to submit an exception request. If it is not possible to reach the APD/AAA case manager in a timely fashion, escalate to local office management . If the issue cannot be resolved with local management, you can reach APD's Complex Case Consultation Team for further assistance .
The individual is eligible for APD long-term care services and supports, but placement options have been exhausted and no discharge placement can be found.	Work through the APD/AAA local office. Inquire as to whether APD's Complex Case Consultation Team has been engaged. Escalate with local office management , if necessary.
Facilities won't admit the client without specific Durable Medical Equipment (DME).	Hospitals should first attempt to get the DME authorized by the patient's medical plan. Should the DME be denied but is still necessary, contact the client's Medicaid case manager to determine if other funding sources are an option.
Facility has implemented a more stringent admission requirement than what is required under regulation.	Facilities are not required to admit residents if the facility is unable to meet their needs. Contact the APD licensing unit ; if the care setting is an adult foster home, contact the local APD office.
Facility refuses to take consumer backafter ED visit.	Contact the APD licensing unit and provide name of facility, name of consumer, name of hospital and dates. NFLicensing@odhsoha.oregon.gov , CBC.Team@odhsoha.oregon.gov or APD.AFHTeam@odhs.oha.oregon.gov

Issue	Mitigation
Facility refuses to take consumer back after inpatient stay.	Inquire as to whether facility has complied with move-out notice requirements. Contact APD licensing for assistance. NFLicensing@odhs.oha.oregon.gov , CBC.Team@odhs.oha.oregon.gov or APD.AFHTeam@odhs.oha.oregon.gov
Other issues not identified here.	Escalate to APD Director's Office for assistance.

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