



DATE: March 17, 2020

TO: All Programs of All-Inclusive Care for the Elderly (PACE) Organizations

SUBJECT: Information for PACE Organizations Regarding Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19)

The Centers for Medicare & Medicaid Services is committed to the protection of individuals from the spread of infectious disease. In light of the recent spread of COVID-19, we are providing information to PACE Organizations (POs) to help control and prevent the spread of the virus that causes COVID-19.

In accordance with the infection control requirements at 42 CFR 460.74, POs must follow accepted policies and standard procedures with respect to infection control, including at least the guidelines developed by the Centers for Disease Control and Prevention (CDC). In addition, POs must establish, implement, and maintain a documented infection control plan that includes procedures to identify, investigate, control, and prevent infections in every PACE center, and in each participant's place of residence, as well as procedures to record, and develop corrective actions related to, any incidents of infection. POs should monitor the CDC website and the CMS Emergency Preparedness & Response Operations website for the latest guidance and resources, including information related to home health agencies, nursing facilities, hospice agencies, and dialysis facilities.

Per current CDC guidelines, health care providers should put into practice strategies for preventing the spread of COVID-19, such as reviewing infection control practices with all personnel, implementing proper hand and respiratory hygiene; monitoring participants, personnel, and visitors for fever and respiratory symptoms; using alcohol-based hand sanitizers; and keeping all individuals including visitors, staff, and residents at home when they are ill. POs should implement sick leave policies for personnel that are non-punitive, flexible, and consistent with public health guidance.

Prompt detection, triage, and isolation of potentially infectious PACE participants and personnel are essential to prevent unnecessary exposures among other participants, healthcare personnel, and visitors at the PACE center and/or the place of residence. In response to the spread of COVID-19, POs should frequently monitor for potential symptoms of respiratory infection, as needed, and follow any other requirements mandated by their state. POs experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among participants and/or caregivers, or healthcare and/or PACE personnel (employed and contracted) should immediately contact their state or local health department for further guidance, or if they suspect a participant or PO personnel has COVID-19. Recommended personal protective equipment (PPE) should be provided for PO personnel, and personnel should be trained on their use. Note that the CDC issued guidance for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home

care and isolation of people with confirmed or suspected COVID-19 infection. This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed COVID-19 infection.

In accordance with 42 CFR 460.92, CMS reminds POs that they are responsible for providing all required Medicare and Medicaid covered services, including any diagnostic laboratory tests to identify COVID-19, and any other service that the interdisciplinary team (a team of healthcare professionals who work together to manage the needs of each PACE participant) determines is necessary to improve and maintain a participant's overall health status. This responsibility extends to the home setting, including for participants with symptoms that may be attributable to COVID-19 and who therefore should not attend the PACE center in order to mitigate the risk of infecting other participants and/or personnel. In addition, and in light of the spread of COVID-19, the interdisciplinary team may limit PACE participants from attending the PACE center if doing so would best meet the participants' needs in light of the circumstances, including the prevalence of COVID-19 in their community. For example, it may be advisable to limit PACE center attendance even for participants that do not display symptoms of COVID-19, in order to minimize the potential for exposure.

Today, we are recognizing that there may be circumstances where a PO may need to implement strategies that do not fully comply with CMS PACE program requirements in order to provide benefits to participants while ensuring they are also protected from the spread of COVID-19. CMS will take those situations into consideration when conducting monitoring or oversight activities. For example, POs may use remote technology as appropriate, including for scheduled and unscheduled participant assessments, care planning, monitoring, communication, and other related activities that would normally occur on an in-person basis. CMS will notify PACE organizations through the Health Plan Management System when CMS is ending the enforcement discretion described herein.

To ensure pharmacy access to Part D drugs, POs may relax "refill-too-soon" edits and provide maximum extended day supply, provide home or mail delivery of Part D drugs, and waive prior authorization requirements at any time that they otherwise would apply to Part D drugs used to treat or prevent COVID-19, if or when such drugs are identified.

Please submit any questions about the information provided in this document to <https://pace.lmi.org>.

CDC Resources

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.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 Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

- Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- CDC Identification of and Information for At-Risk and Vulnerable Populations: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#who-is-higher-risk>
- Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

CMS Resources

- CMS Emergency Preparedness & Response Operations website for Current Emergencies: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>