



Introduction & Overview

On March 11, 2020, Governor Dunleavy issued a Public Health Disaster Emergency related to the COVID-19 global pandemic. The Governor's authority to respond to this emergency was extended to November 15, 2020 when SB 241 was passed by the legislature and signed into law by the Governor.

The State of Alaska, Department of Health and Social Services, Divisions of Health Care Services and Senior and Disabilities Services (DHSS) is providing the following guidance for operating congregate residential settings, also known as Residential Care Facilities (RCF) during the current public health emergency related to COVID-19.¹ There is no question that RCFs have been impacted by COVID-19 due to the vulnerable nature of the RCF home population combined with the inherent risks of congregate living in a healthcare setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these facilities.

Under the authority of the emergency declaration, on March 17, 2020, Dr. Anne Zink, the Chief Medical Officer issued health alert 007, which limited visitation in RCFs. On March 28, 2020, the Governor issued Mandate 11, which included a stay at home order. This stay at home order limited the ability of residents of RCFs to access the community. To date the health advisory remains in effect but the stay at home order has been rescinded. These advisories and mandates are not exact but were designed to mitigate the spread of COVID-19. However, no plan can provide absolute assurance that the virus that causes COVID-19 will not be introduced into a RCF. Even in situations where local community transmission is not known to be occurring and all safeguards are in place, COVID-19 cases and outbreaks may still occur. COVID-19 is circulating widely throughout the United States and many people can be infected and contagious without having any symptoms whatsoever.

Criteria-Based Phase System

Given the critical importance of limiting COVID-19 exposure in facilities, decisions on relaxing restrictions should be made with careful review of a wide range of factors at the congregate setting, community, and statewide levels. Because the pandemic is affecting communities in different ways, RCF owners, operators, administrators, should evaluate and implement measures to ensure overall safety and wellbeing of all of its residents², taking into consideration the ages and diagnoses of residents, and the prevalence of COVID-19 in the local community. The evaluation should consider the following:

1. Input from local community and medical leaders;
2. Review current case reporting data provided by the Division of Public Health;

¹ A congregate residential setting is an environment where a number of people reside in close proximity for either a limited or extended period of time. Examples include Group Homes, Adult Family Habilitation, Child Family Habilitation, Adult Residential Treatment Center, Residential Childcare Facilities, Residential Psychiatric Treatment Facilities, Therapeutic Foster Homes, Senior Living Centers, Assisted Living Homes, Therapeutic Foster Care, Youth Residential Substance Abuse, Youth Residential Mental Health, Adult Residential Mental Health, and Adult Residential Substance Abuse.

² Prior to relaxing any restrictions, the U.S. Centers for Medicare and Medicaid Services (CMS) [recommends](#) assessing the following to inform decisions about relaxing restrictions: (1) Case status in community; (2) Access to adequate PPE for staff; (3) Local hospital capacity, (4) Case status in the congregate setting(s); (5) Adequate staffing and (6) Universal source control.

3. Input from residents or their representatives regarding:
 - a. requests to deviate from house rules or guidelines;
 - b. the risk associated with specific activities and visitors;

To assist RCFs in evaluating these factors the state has developed a three-phased plan that could be used in operating a facility. These are only recommendations; a facility may develop their own phases or protocols to operate. Regardless of what plan is utilized, RCFs should regularly monitor all of the above factors related to the operation of its facility and adjust accordingly.

PLEASE NOTE:

This is a guidance document prepared by the state of Alaska, Department of Health and Social Services. All other state and federal statute and regulations apply to the operation of you RCS.

RCFs may choose to use this phased in system, develop their own or adopt another guidance document.

Upon adoption of the guidance document, the actions contained in that document become mandatory as your facilities requirements.

Upon adoption of guidance document, or something similar, the RCFs will be evaluated on its compliance. If an RCF fails to meet all the phase criteria and continues to progress to a less stringent phase, the facility may be subject to enforcement action(s) against their CMS certification and/or State licensure through the survey process.

The following phases include considerations and mitigation steps. All facilities are currently in Phase I, and the phasing guidance includes criteria that MUST be met by facility prior to transition to the next phase.

PHASE I – <ul style="list-style-type: none"> • each phase should be in operation of a minimum of 14 days prior to advancing to the next phase • If a congregate setting identifies a new onset COVID-19 case while in any phase, the congregate setting should start over at Phase I. 	
Consideration	Mitigation Steps
Current State of Operations	Most facilities are in their highest level of vigilance, regardless of transmission within their communities
Visitation and Other Entry of Individuals	<p>Facilities are encouraged to prohibit visitation, except for essential medical professionals and compassionate care situations. In those limited situations, visitors should be screened and additional precautions should be taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). This also applies to visitation for minors.</p> <p>All visitors should wear a cloth face covering or facemask for the duration of their visit. The congregate setting should develop and implement policies and procedures related to residents and visitors wearing a cloth face covering or facemask. Visitors should sign in and provide contact information; the log of visitors should be kept for 30 days.</p>
Dining/Activities	<p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Restrict group activities; some activities may be conducted for COVID-19 negative or asymptomatic residents only, with social distancing, hand hygiene, and use of a cloth face covering or facemask.</p>

Community Trips/Activities	<p>Facilities should avoid non-medically necessary trips and activities outside the congregate setting.</p> <p>For any trips away from of the congregate setting:</p> <ul style="list-style-type: none"> • The resident should wear a cloth face covering or facemask; and • The congregate setting should share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment or activity. 	
Screening	<p>100% screening of all persons entering the congregate setting and all staff at the beginning of each shift:</p> <ul style="list-style-type: none"> • Temperature checks • Ensure all outside persons entering building have cloth face covering or facemask. • Questionnaire about symptoms and potential exposure • Observation of any signs or symptoms 	<p>100% screening (at least daily) for all residents and staff</p> <ul style="list-style-type: none"> • Temperature checks • Questions about and observation for other signs or symptoms of COVID-19
Adequate Access & Use of PPE/Universal Source Control	<p>All staff should wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff may wear cloth face covering if facemask is not indicated. Universal source control for everyone in the congregate setting. Residents and visitors wear cloth face covering or facemask when interacting.</p>	
Resident/Staff Testing	<p>NEW ADMISSION TESTING: Facilities should follow the asymptomatic testing guidelines issued on 04/28/2020 of residents prior to and after admission.</p> <p>SYMPTOMATIC TESTING: Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 should be tested.</p>	
Management of Positive COVID Tests	<p>If possible, dedicate space in congregate setting to manage the care for residents who test positive COVID-19.</p> <p>Work with hospitals and State of Alaska Section of Epidemiology on readmitting residents who were hospitalized with COVID-19.</p> <p>Facilities should develop a response and care plan in the event a resident or staff tests positive for COVID-19.</p>	
<p>PHASE II –</p> <ul style="list-style-type: none"> • each phase should be in operation of a minimum of 14 days prior to advancing to the next phase • If a congregate setting identifies a new onset COVID-19 case while in any phase, the congregate setting should start over at Phase I. 		
Consideration	Mitigation Steps	
Community Case Status	<p>COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is ≤ an average of 10 new cases per 100,000 persons per day over the prior 14 days.</p>	
Congregate setting Case Status	<p>There have been no new COVID cases in the congregate setting for 14 days. If a new case is discovered in a congregate setting, the congregate setting should return to Phase I or unless directed by Public Health.</p>	
Adequate Staffing	<p>The congregate setting is not experiencing staff shortages.</p>	
Access to Adequate Testing	<p>The congregate setting has adequate access to testing for COVID-19 in their community.</p>	
Universal Source Control	<p>The congregate setting should implement policies and procedures related to residents and visitors wearing a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the congregate setting. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the congregate setting. Universal source control for everyone in the congregate setting. Residents and visitors entering should wear cloth face covering or facemask.</p>	

Access to Adequate PPE & Use of PPE	The congregate setting has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents. All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.	
Local Hospital Capacity	Referral hospital(s) have bed capacity on wards and intensive care units	
Visitation and Other Entry of Individuals	<p>Visitation should be limited to compassionate care, essential medical professionals, and close family visitation. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors should wear a cloth face covering or facemask for the duration of their visit. This also applies to visitation for minors. Additional considerations may be taken regarding visitation for minors during this phase due to family or cultural needs.</p> <p>Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the congregate setting, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. Visitors should sign in and provide contact information; the log of visitors should be kept for 30 days.</p>	
Screening	<p>100% screening of all persons entering the congregate setting and all staff at the beginning of each shift:</p> <ul style="list-style-type: none"> • Temperature checks • Ensure all outside persons entering building have cloth face covering or facemask. • Questionnaire about symptoms and potential exposure • Observation of any signs or symptoms 	<p>100% screening (at least daily) for all residents</p> <ul style="list-style-type: none"> • Temperature checks • Questions about and observation for other signs or symptoms of COVID-19
Resident/Staff Testing	<p>NEW ADMISSION TESTING: Follow the asymptomatic testing guidelines issued on 04/28/2020 of residents prior to and after admission.</p> <p>SYMPTOMATIC TESTING: Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 should be tested.</p>	
Dining/Activities	<p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.</p>	
Community Trips/Activities	<p>Facilities should consider the safety and necessity of any activity/trip outside the congregate setting. For any trips away from of the congregate setting:</p> <ul style="list-style-type: none"> • The resident should wear a cloth face covering or facemask; and • The congregate setting should share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment or activity. 	
Management of New Cases & Admissions	<p>If possible, dedicate space in the congregate setting to manage the care for residents who test positive COVID-19.</p> <p>Work with hospitals and State of Alaska Section of Epidemiology on readmitting residents who were hospitalized with COVID-19.</p> <p>Facilities should develop a response plan in the event a resident or staff tests positive for COVID-19.</p>	

PHASE III

- each phase should be in operation of a minimum of 14 days prior to advancing to the next phase
- If a congregate setting identifies a new onset COVID-19 case while in any phase, the congregate setting should start over at Phase I.

Consideration	Mitigation Steps	
Community Case Status	COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is \leq an average of 5 new cases per 100,000 persons per day over the prior 14 days.	
Congregate setting Case Status	There have been no new cases in the congregate setting for 28 days (through phases 1 and 2). If a new case is discovered in a congregate setting, the congregate setting should return to Phase I or unless directed by Public Health.	
Adequate Staffing	The congregate setting is not experiencing staff shortages.	
Access to Adequate Testing	The congregate setting has adequate access to testing for COVID-19 within their community.	
Universal Source Control	Universal source control for everyone in the congregate setting. Residents and visitors wear cloth face covering or facemask.	
Access to Adequate PPE & Use of PPE	The congregate setting has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents. All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if a facemask is not indicated, such as administrative staff.	
Local Hospital Capacity	Referral hospital(s) have bed capacity on wards and intensive care units.	
Visitation and other Entry of Individuals	<p>Visitation should be allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors should wear a cloth face covering or facemask for the duration of their visit. Visitors should sign in and provide contact information; the log of visitors should be kept for 30 days. This also applies to visitation for minors. Additional considerations may be taken regarding visitation for minors during this phase due to family or cultural needs.</p> <p>Allow entry of non-essential healthcare personnel/contractors as determined necessary by the congregate setting, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p>	
Screening	<p>100% screening of all persons entering the congregate setting and all staff at the beginning of each shift:</p> <ul style="list-style-type: none"> • Temperature checks • Ensure all outside persons entering building have cloth face covering or facemask. • Questionnaire about symptoms and potential exposure • Observation of any signs or symptoms 	<p>100% screening (at least daily) for all residents</p> <ul style="list-style-type: none"> • Temperature checks • Questions about and observation for other signs or symptoms of COVID-19
Resident/Staff Testing	<p>NEW ADMISSION TESTING: Follow the asymptomatic testing guidelines issued on 04/28/2020 of residents prior to and after admission.</p> <p>SYMPTOMATIC TESTING: Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 should be tested.</p>	

Dining/Activities	<p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.</p>
Community Activities/Trips	<p>For any trips away from of the congregate setting:</p> <ul style="list-style-type: none"> • The resident MUST wear a cloth face covering or facemask; and • The congregate setting MUST share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment or activity.
Management of New Cases & Admissions	<p>If possible, dedicate space in congregate setting to manage the care for residents who test positive COVID-19.</p> <p>Work with hospitals and State of Alaska Section of Epidemiology on readmitting residents who were hospitalized with COVID-19.</p> <p>Facilities MUST develop a response plan in the event a resident or staff tests positive for COVID-19.</p>

DEFINITIONS

A congregate residential setting is an environment where a number of people reside in close proximity for either a limited or extended period of time to include the following:

Group Homes: A subtype of Medicaid waiver service under Residential Habilitation. Group homes habilitation is provided in an assisted living homes licensed to provide 24/7 residential care to two or more eligible waiver recipients who are 18 years of age or older.

Family Habilitation Homes: A subtype of Medicaid waiver service under Residential Habilitation. Family Habilitation is provided in assisted living homes or foster homes licensed to provide 24/7 residential care to eligible waiver recipients.

Residential Supported Living: A Medicaid waiver service that is provided in a licensed assisted living home to eligible waiver recipients.

Residential Childcare Facilities: A facility licensed as a Residential Childcare Facility by DHSS.

Residential Psychiatric Treatment Center (RPTC): Residential psychiatric treatment center means a freestanding facility that provides residential child care and inpatient psychiatric services for the diagnosis and treatment of child and adolescent mental, emotional, or behavioral disorders and or is licensed as a Residential Psychiatric Treatment Center facility by DHSS.

Senior Living Centers: Any type of living situation for older adults that includes common dining facilities, housekeeping services, transportation, staffing, or a combination of these. May also be referred to as “age-restricted communities” or “continuing care retirement communities, “memory care facilities” or others.

Assisted Living Homes: A facility licensed as an assisted Living Home by DHSS.

Therapeutic Foster Care: Licensed to provide care to youth at lower acuity than Residential Psychiatric Treatment Centers.

Residential Care: A residential living arrangement that provides a structured setting with supervision and care, and could include a facility providing residential care is one that offers: Residential Adult Substance Abuse, Residential Adult Mental Health, Residential Youth Substance Abuse, and Residential Youth Mental Health.