



Indiana State
Department of Health

LONG TERM CARE NEWSLETTER

ISDH Long Term Care Newsletter

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Today's Issue:

- Voluntary Resident Leaves of Absence (VLOA) for Nursing Homes & Residential Care Facilities
- Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings

Voluntary Resident Leaves of Absence (VLOA) for Nursing Homes & Residential Care Facilities

Long-term care facilities are at high risk for severe COVID-19 outbreaks due to their congregate nature and the vulnerable populations who reside there (e.g., older adults with multiple co-morbidities). Those coming into and out of the facility are the most likely sources of introduction of COVID-19.

To protect this vulnerable population, the Indiana Department of Health is urging ALL long term care facilities to immediately take the following aggressive actions to reduce the risk of introducing COVID-19 infection. If you have a resident with known or suspected COVID-19 infection, your local health jurisdiction may recommend you take more aggressive actions than those listed below.

Voluntary Leaves of Absence (Nursing Homes and Residential Care Facilities)

1. All nursing home and residential care facility providers should strongly discourage voluntary resident leaves of absence (“VLOAs”) of any length. Such leaves create increased risks of COVID-19 exposure to the residents who leave and return, as well as others having contact with the returning resident.
2. If a resident (including family and legal guardians) insists on taking a VLOA, and the provider has a reasonable basis for concluding the resident will pose a COVID-19 exposure risk if allowed back in the facility, the provider may discharge the resident under 410 IAC 16.2-3.1-12(a)(8)(A),(B)and/or(C) (for nursing homes), or 410 IAC 16.2-5-1.2(r)(8)(A),(B),

and/or(C) (for residential care facilities).

3. If a nursing home or residential care provider permits a resident to take VLOA and does not discharge the resident in accord with paragraph 2 above, the provider MUST permit the resident to return to the facility when the VLOA is done, and MUST implement appropriate isolation and containment protocols.

4. VLOAs do not include nursing home absences caused by hospital stays or therapeutic leaves. Those absences remain governed by 410 IAC 16.2-3.1-12(a)(25)-(27).

5. In nursing homes, the Medical Director may write a facility-wide no LOA policy/standing order due to public safety. If the resident of the nursing home chooses to go VLOA, in direct conflict with the policy/standing order of the Medical Director mandating no leaves of absence for any reason, including non-essential therapeutic leaves of absence, the resident would be doing so against medical advice and would be discharged.

We know that these measures deprive family of valuable time with their love ones. We encourage family and facilities to work out alternative ways to spend time together (e.g., video chat formats such as Skype or FaceTime). The Indiana State Department of Health continues to work with its state partners to provide resources to facilitate remote visits.

Thank you for everything you are doing to keep your residents safe and healthy.

[DR. KRISTINA M. BOX, STATE HEALTH COMMISSIONER – SIGNED VOLUNTARY RESIDENT LEAVES OF ABSENCE \(VLOA\) FOR NURSING HOMES & RESIDENTIAL CARE FACILITIES](#)

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at www.cdc.gov/COVID-19. Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

CORONAVIRUS DISEASE 2019 (COVID-19) PREPAREDNESS CHECKLIST FOR NURSING HOMES AND OTHER LONG-TERM CARE SETTINGS