



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services

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TO: All Providers

FROM: LuAnn Summers, MS, LPC
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Bureau for Medical Services

DATE: December 18, 2020

SUBJECT: Public Health COVID 19 Guidance

BMS has contacted Lisa M. Costello, MD, MPH, FAAP and Shannon McBee, MPH, CHES State Epidemiologist, who are both working with the Public Health Department. We had requested guidance related to providing services to individuals that have been exposed or may have tested positive, when staff have tested positive, and the best course of action for Senior High-Rise outbreaks.

Below is the information they provided to us. Each link addresses various issues and provides additional links to other issues that providers may have been faced with. There is useful information and guidance in these documents that should assist you in addressing the safe provision of care to our members during this pandemic.

- 1. The guidelines for return to work for healthcare workers has not recently changed. Under crisis staffing shortages there are provisions that would allow asymptomatic healthcare workers to return to work before meeting criteria to discontinue isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.**
- 2. Below is the standard return to work guidance for healthcare workers (HCW) who have tested positive for SARS-CoV-2.**

HCW with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms have improved

HCW who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCW with severe to critical illness or who are severely immunocompromised1:

- At least 10 days and up to 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms have improved

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

- 3. If there are concerns about the Senior High Rise Complexes, reaching out to the local health department would be appropriate to determine if support can be provided for testing of individuals who may not be able to access testing due to mobility restrictions. See information below from the CDC:**

[COVID-19 Guidance for Shared or Congregate Housing | CDC](#)

The following guidance was created to help owners, administrators, or operators of shared (also called “congregate”) housing facilities – working together with residents, staff, and public health officials – prevent the spread of COVID-19. www.cdc.gov

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

- 4. Quarantine guidance for individuals who have been exposed but not tested positive are different, see attachment.**

If you have other issues that arise, I would suggest contacting the Public Health Department or your local health department for guidance related to the current literature. BMS cannot force anyone to serve individuals however, once your agency accepts the referral, you are responsible to ensure their health and safety. That is why if it becomes a situation that you can no longer properly serve the person, the PAA and the CMA must take steps to ensure the provision of services and the members safety. I realize this is such a difficult and so new of an experience that sometimes we do struggle with solutions.

I hope you find this information useful.

Thank you,

LuAnn Summers, MS, LPC
Program Manager, AD Waiver