

CMS/ADHS Long-Term Care Facility Guidance on Visitation During COVID-19

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Introduction to CMS/ADHS Requirements for Expansion of Visitation

This guidance document combines the **Arizona Department of Health Services (ADHS) and Centers for Medicaid Services (CMS) guidance**. The Maricopa County Department of Public Health (MCDPH) recommends that CMS-licensed facilities follow this combined guidance document, as it accounts for situations where CMS guidance is more stringent.

- See CMS guidance:
 - <https://www.cms.gov/files/document/qso-20-39-nh.pdf>
- See ADHS guidance:
 - <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/community/congregate-visitation.pdf>

Key differences in CMS guidance include:

- Not allowing for indoor visitation, except during compassionate care situations, during the **SUBSTANTIAL** level of community spread.
- **Broadening the definition** of “compassionate care” visitation.
- Not “distinguishing between [designated essential visitors] and other visitors.”
- Using the Public Health **outbreak definition** (see “Mitigation Measures” for definition).
- Not allowing in-person visitation, except during compassionate care situations, **during an outbreak** or for a **resident who is in transmission-based precautions for COVID-19**. They recommend allowing visits that are virtual or through windows during these periods.

Expanded Visitation and Level of Community Spread

The type of visitation allowed depends on the level of community spread in the county in which the facility is located.

- Level of community spread is defined by ADHS using three measures **at the county-level**:
 - Incidence rate of new cases per 100,000 population per week
 - Percent-positivity of COVID-19 diagnostic testing per week
 - Percentage of hospital visits that are for COVID-like illness per week
- Thresholds for each measure have been set by ADHS to categorize the level of community spread into three benchmarks: **SUBSTANTIAL**, **MODERATE**, OR **MINIMAL**.

Benchmarks	New Cases per 100,000	Percent-Positivity	COVID-Like Illness
MINIMAL	Less than 10	Less than 5%	Less than 5%
MODERATE	From 10 to 100	From 5% to 10%	From 5% to 10%
SUBSTANTIAL	Greater than 100	Greater than 10%	Greater than 10%

- Thresholds must be met for **all three measures** for the previous **two consecutive weeks of posted data** to achieve the corresponding benchmark.
- ADHS provides an online data dashboard showing the weekly level of each benchmark **by county**:
 - The data are updated on Thursdays each week.
 - Data trails by 12 days to account for a lag in case reporting (i.e., this Thursday’s update will provide one week of data for the week ending two Saturdays ago).
 - Accessing data from the ADHS “Business Dashboard”:
 - www.azhealth.gov/businessCOVID19
 - Click on map for your county
 - Level of community transmission = “Business Reopening Status” measure

When Specific Types of Expanded Visitation are Permitted

This table shows the types of visitation that are allowed under each level of community transmission:

Visitation Permitted During Each Level of Community Transmission <i>when required mitigation measures and other restrictions are met</i>			
Visitation Type	MINIMAL	MODERATE	SUBSTANTIAL
(1) Compassionate Care, Healthcare, Clergy, and Ombudsman Visits	YES	YES	YES
(2) Designated Essential Visitor Visits	YES <i>with testing</i>	YES <i>with testing</i>	YES <i>outdoors only with testing</i>
(3) Limited Outdoor Visits	YES	YES	YES <i>with testing</i>
(4) Limited Indoor Visits	YES	YES <i>with testing</i>	NO
(5) Limited Indoor Visits <i>to a Resident’s Living Space</i>	YES	YES <i>with testing</i>	NO

Requirements and mitigation measures specific to each visitation type are outlined in the “Visitation Types and Applicable Restrictions” section below.

Facility Policies and Communication to Patients/Residents and Their Families

- Facilities must allow visitation **at least** to the levels described in the visitation table above, and ensure all residents are able to receive visitors. However, facilities may set their own policies on:
 - Day and time of visit
 - Location of visit
 - Number of visitors per visit
 - Total number of visitors per day
 - Visits by appointment only
 - Duration of visit
 - Visitor log for contact-tracing purpose
 - Additional precautions determined by the facility
- Facilities must develop written policies for each visitation type and must clearly communicate those visitation policies and rules to patients/residents and their families as soon as practical.
- Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff maintain “a reasonable distance” during visitation.
- Facilities should ensure that at least one weekend day is open for visitation to allow families who work during the week to have the ability to visit their loved ones.
- Facilities should enforce all required mitigation measures and have the authority to ask visitors to leave or to not permit visitors to visit if they refuse to comply with mitigation measures outlined in the sections below.

Mitigation Measures and Restrictions Which Apply to Most Visitation Types

During ALL visits during ANY level of community spread, facilities must enforce:

- Appropriate face coverings that cover both the nose and mouth are worn by residents (cloth), visitors (cloth), and staff (cloth or surgical, depending on the situation) at all times.
 - If a resident is unable to wear a cloth face covering due to a medical condition such as requiring supplemental oxygen or dementia, then the visitor should still be permitted to visit as long as the visitor wears a face covering.
- Screening of all visitors for symptoms (including temperature) on arrival to the facility.
 - This should not apply to emergency situations or if healthcare personnel (e.g., EMS) are screened for symptoms by their workplace prior to each shift.
- Hand sanitizing and/or hand washing occurs before visits. Use of alcohol-based hand rub is preferred.
- Limiting the number of visitors per resident at one time and limit the number of visitors in the facility at one time (based on the size of the building and physical space).
- Limiting visitation for residents who are in transmission-based precautions for COVID-19 to receiving visits that are virtual, through windows, or in-person for compassionate care situations, with **adherence to transmission-based precautions**. However, this restriction should be lifted once transmission-based precautions are no longer required.

(2) Designated essential visitor, (3) limited outdoor, (4) limited indoor visits, and (5) limited indoor visits to a resident's living space cannot occur unless the facility:

- **Has not had a recent outbreak** -- the facility must not have had an outbreak in the previous two-week (14-day) period.
 - **For the purposes of expanding visitation, CMS defines an outbreak** as having no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
- Ensures physical distancing of at least 6 feet between persons
- Has sufficient staff
- Has sufficient personal protective equipment for staff, visitors, and residents, as needed

Additional mitigation measures specific to each visitation type are outlined below.

Visitation Types and Specific Mitigation Measures

(1) Compassionate Care, Healthcare, Clergy, and Ombudsman Visits

What are compassionate care visits?

- Indoor visits by **family members/loved ones** to patients/residents during **end-of-life care or with terminal disease**.
- Per CMS, compassionate care situations **can also include**, but not be limited to:
 - A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of family support.
 - A resident who is grieving after a friend or family member recently passed away.
 - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

What are healthcare visits?

- Indoor visits to **all patients/residents** by:
 - Necessary healthcare professionals, including doctors, nurses, home health personnel, physical/occupational therapist, podiatrists, psychologists, licensed behavioral health professionals, chiropractors, dentists, home health personnel, hospice workers, EMS personnel, and laboratory/radiology/dialysis technicians
 - Social workers
 - Professionals assisting individuals with disabilities
 - Licensed sign language interpreters and other communication service providers

What are clergy and ombudsman visits?

- Indoor visits to **all patients/residents** by:
 - Clergy
 - Ombudsman

When are **compassionate care, healthcare, clergy, and ombudsman visits** permitted and what are the additional mitigation measures needed?

- Permitted during **SUBSTANTIAL**, **MODERATE**, OR **MINIMAL** levels of community spread with required mitigation measures described above.
- During **SUBSTANTIAL**, **MODERATE**, OR **MINIMAL** levels of community spread, additional mitigation factors that must be enforced by the facility include:
 - Physical distancing of 6 feet should be in place during **ombudsman visits**.

(2) Designated Essential Visitor Visits

What are designated essential visitor visits?

- Indoor visits by 1 or 2 family member(s) or caretaker(s) ≥18 years of age serving as “Designated Essential Visitor(s)”
- **Of note, CMS states**, “We understand that some states or facilities have designated categories of visitors, such as ‘essential caregivers,’ based on their visit history or resident designation. CMS does not distinguish between these types of visitors and other visitors.” For this reason, the “designated essential visitor” section differs more significantly from ADHS guidance.

When are designated essential visitor visits permitted and what are the additional mitigation measures needed?

- Permitted during **SUBSTANTIAL**, **MODERATE**, OR **MINIMAL** levels of community spread **at any time during “normal” (pre-COVID) visitation hours**, or in **cases of emergency**, with required mitigation measures described above.
 - “Designated Essential Visitors” should be allowed to visit at any time “within reason” during “normal” (pre-COVID) visitation hours or in cases of emergency.
- During **SUBSTANTIAL**, **MODERATE**, OR **MINIMAL** levels of community spread, additional mitigation factors that must be enforced by the facility include:
 - Establishing a facility policy for residents to name and change their “Designated Essential Visitor(s)” is the original individual(s) is unavailable for an extended period.
 - Ensuring the “Essential Visitor(s)”:
 - Present documentation on arrival of a negative COVID test (either PCR or antigen) in the same testing interval as required by CMS for facility staff* (see below).
 - If a visitor has been infected with COVID-19, recovered, and completed their isolation period within the 3 months prior to the visit, they should be asked to provide documentation (e.g., test result) of their diagnosis confirming this and not be required to present documentation of a negative test. They should still complete symptom screening and comply with all other mitigation measures in the facility.
 - Sign an initial attestation that they will avoid attending large gatherings between COVID testing and visiting.
 - Attest at each visit that they are free from symptoms.
 - Maintaining a visitor log for contact tracing purposes.
- During **SUBSTANTIAL** levels of community spread, additional mitigation factors that must be enforced by the facility include:
 - Only allowing outdoor visitation.
- During **MODERATE** OR **MINIMAL** levels of community spread, additional mitigation factors that must be enforced by the facility include:

- Permitting “Designated Essential Visitors” to visit the living space of a resident if the individual does not have a roommate/share a room.
 - If the resident has a roommate/shares a room, the “Designated Essential Visitor” should not enter the bedroom while the roommate is there and cannot stay in the bedroom for more than 15 minutes without prior approval of the roommate or the roommate’s authorized representative.

*CMS requires facility staff be tested for COVID-19 at intervals based on the level of COVID-19 activity in the County. Activity level is measured by “percent-positivity” of COVID-19 testing in the County, as [reported by CMS](#).

County’s COVID-19 Activity Level	County’s Positivity Rate in Past Week	Minimum Testing Frequency
Low	Less than 5%	Once a month
Medium	5% to 10%	Once a week
High	Greater than 10%	Twice a week

COVID-19 activity level should be checked regularly, and the frequency of “Designated Essential Visitor” testing adjusted accordingly:

- If the county positivity rate **increases**, the facility should begin testing staff at the frequency shown in the table below **as soon as** the criteria for the higher activity are met.
- If the county positivity rate **decreases**, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower level for **at least two weeks**.

(3) Limited Outdoor Visits

What are limited outdoor visits?

- Visits by **family members/loved ones** to patients/residents **conducted outdoors**
- Also includes outdoor visits to patients/residents by others providing non-healthcare services to patients/residents, such as:
 - Educators
 - Hair stylists
 - Entertainers
 - Volunteers
 - Therapy dogs and their handlers

When are limited outdoor visits permitted and what are the additional mitigation measures needed?

- Permitted during **SUBSTANTIAL**, **MODERATE**, OR **MINIMAL** levels of community spread with required mitigation measures described above.
- During **SUBSTANTIAL**, **MODERATE**, OR **MINIMAL** levels of community spread, additional mitigation factors that must be enforced by the facility include:
 - Ensuring weather conditions (e.g. temperature) **are safe according to the patient’s/resident’s treatment plan and individual medical condition**.
- During **SUBSTANTIAL** levels of community spread, additional mitigation factors that must be enforced by the facility include:

- Requiring the visitor present the facility with a negative COVID test result (PCR or antigen) **less than 48 hours** old from the time the specimen was collected. The visitor must sign an attestation that they have isolated in the time between when the sample was taken and the visit, and that they are free of any symptoms.
 - If a visitor has been infected with COVID-19, recovered, and completed their isolation period within the 3 months prior to the visit, they should be asked to provide documentation (e.g., test result) of their diagnosis confirming this and not be required to present documentation of a negative test. They should still complete symptom screening and comply with all other mitigation measures in the facility.

(4) Limited Indoor Visits

What are limited indoor visits?

- Visits by **family members/loved ones** to patients/residents **conducted indoors**
- Also includes indoor visits to patients/residents by others providing non-healthcare services to patients/residents, such as:
 - Educators
 - Hair stylists
 - Entertainers
 - Volunteers
 - Therapy dogs and their handlers

When are limited indoor visits permitted and what are the additional mitigation measures needed?

- Permitted during **MODERATE** OR **MINIMAL** levels of community spread with required mitigation measures described above.
- During **MODERATE** OR **MINIMAL** levels of community spread, additional mitigation measures that must be enforced by the facility include:
 - The facility must limit contact as much as possible by providing a designated visitation space with enhanced cleaning and sanitation measures.
 - The facility requires hand sanitizing before the visit.
 - The facility must maintain a visitor log for contact-tracing purposes.
- During **MODERATE** levels of community spread, additional mitigation measures that must be enforced by the facility include:
 - Requiring the visitor present the facility with a negative COVID test result (PCR or antigen) **less than 48 hours** old from the time the specimen was collected.
 - If a visitor has been infected with COVID-19, recovered, and completed their isolation period within the 3 months prior to the visit, they should be asked to provide documentation (e.g., test result) of their diagnosis confirming this and not be required to present documentation of a negative test. They should still complete symptom screening and comply with all other mitigation measures in the facility.
 - Requiring the visitor sign an attestation that they have isolated in the time between when the sample was taken and the visit, and that they are free of any symptoms.

(5) Limited Indoor Visits to a Resident's Living Space

What are limited indoor visits to a resident's living space?

- Visits by **family members/loved ones** to patients/residents **in their personal living space**
- Also includes visits to patients/residents in their personal living space by others providing non-healthcare services to patients/residents, such as:
 - Educators
 - Hair stylists
 - Entertainers
 - Volunteers
 - Therapy dogs and their handlers

When are limited indoor visits to a resident's living space permitted and what are the additional mitigation measures needed?

- Permitted during **MODERATE** OR **MINIMAL** levels of community spread with required mitigation measures described above.
- During **MODERATE** OR **MINIMAL** levels of community spread, additional mitigation factors that must be enforced by the facility include all additional mitigation measures listed in the **limited indoor visits**⁴ section above, **PLUS** ensuring:
 - The resident does not have a roommate/share a room.
 - Handwashing occurs before/after a visitor enters/leaves patient care areas.
 - Visitors do not use patient facilities/restroom.
 - Visitors are only allowed **in the living quarters** for less than 15 minutes, however ADHS has not placed any limits on the total duration of the visit.

Miscellaneous Scenarios

Visiting Bed-Restricted Residents

Facilities must develop visitation policies for residents that may be bed-restricted and unable to attend visitation outdoors or in a pre-identified location.

- Policies and procedures should follow the requirements for **limited indoor visits to a resident's living space**⁵ but allow for "adequate" visitation time.
- For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the infection prevention requirements for COVID-19 (e.g., all parties wearing masks, physical distancing of 6 feet - especially from any roommate, etc.).

Resumption of Group Activities

Resumption of group activities is a **facility decision**. Leaders of group activities (if they are not facility staff) must adhere to **required mitigation measures** specific to the appropriate visit type.

Each facility should consider additional factors before resuming group activities, such as:

- Where activity leaders are coming from (e.g., an area with substantial community spread?)
- Number of participants

- Risk-level of specific participants
- Size of the room
- Specific circumstances of the facility regarding COVID-19 infections, enhanced cleaning procedures, and overall risk to residents

Regulatory and Investigative Personnel Visits

Regulatory and investigative personnel who are **not employees of the facility**, but ensure health and safety of the residents, such as law enforcement, ADHS/CMS licensing surveyors, APS investigators, health plan quality assurance investigators, etc. **must be permitted** to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs/symptoms of COVID-19 after being screened.