

Maine Department of Health and Human Services
Office of Aging and Disability Services
Center for Disease Control
Division of Licensing and Certification

Visitation Guidance Federal & State

LTCOP Safe Reunions Program– October 19, 2020



New Guidance Issued 10/9/20

- ❑ Clarifies testing and community engagement policy for NFs and ICFs in light of recent changes to federal CMS guidance
 - https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/LTC-Visitation-Guidance_0.pdf
 - <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/NursingFacility-Visitation-CMS-Memo.pdf>
 - <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Table-Guidance-for-LTC-ICFIID-Activities.pdf>

- ❑ Provides new guidance on testing and community engagement policy for all Assisted Housing settings
 - <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Testing-CommEngagement-AssistedHousing-Guidance.pdf>



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

DATE: September 17, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Nursing Home Visitation - COVID-19

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE. The guidance below provides reasonable ways a nursing home can safely facilitate in-person visitation to address the psychosocial needs of residents.
- **Use of Civil Money Penalty (CMP) Funds:** CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar products) to create physical barriers to reduce the risk of transmission during in-person visits.

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.¹ The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum [QSO-20-14-NH](#) providing guidance to facilities on restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released [Nursing Home Reopening Recommendations](#), which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening. In June 2020, CMS also released a [Frequently Asked Questions](#) document on

Federal Guidance-Centers for Medicaid & Medicare Services (CMS)

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
 - Appropriate staff use of Personal Protective Equipment (PPE)
 - Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
 - Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)

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Facility Factors:

- Facility structure/design
 - Dedicated visitation spaces
 - Roommate situations
 - Availability of PPE
- Visitation needs to be person centered for resident
- Facilities should limit the number of visitors in a facility to ensure proper social distancing (similar to limits on number of people in a store at any given time).
- CMS does encourage facilities to test visitors.

“Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. “

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Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not 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 physical 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).

A compassionate care visit should be a recommendation of the care team and approved by the Resident’s physician. A compassionate Care visit is a person centered visit to address a resident’s need and not the family need.

CMS Frequently Asked Questions (FAQs) on Nursing Home Visitation

The reopening recommendations maintain that visitation should only be allowed for “compassionate care situations.” Do compassionate care situations only refer to end-of-life situations?

While end-of-life situations were used as examples of compassionate care situations in previous CMS memoranda, the term “compassionate care situations” does not exclusively refer to end-of-life situations. For example, for a resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.” Similarly, allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.

CMS cannot define each situation that may constitute a compassionate care situation. We encourage facilities to consult with state leadership, families, and ombudsman, to help determine if a visit should be conducted for compassionate care. Also, while CMS acknowledges that compassionate care situations may extend past end-of-life situations, we still believe these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation. We also remind facilities and visitors that all actions to prevent the transmission of COVID-19 should be taken when these visits are allowed. These actions include screening all visitors for symptoms of COVID-19, practicing social distancing, performing hand hygiene (e.g., use alcohol-based hand rub upon entry), and both residents and visitors wearing a cloth face covering or facemask for the duration of their visit.

To help with these visits, nursing homes may decide to create safe spaces within the facility, such as see-through separation walls or other such areas so that residents may physically see their family members (if outside visitation is not conducted). Nursing homes may also consider setting up appointment times to ensure control of the number of visitors at any given time. Additionally, when facilitating visits, facilities should continue to limit the number of visitors allowed in the building at the same time, and limit the number of individuals visiting with any one resident (e.g., two visitors for one resident visit).

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“Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.”

Maine CDC Guidance for Community Engagement of Congregate Homes- Nursing and ICF/IID Facilities (10/9/2020)

Category	Facility Status	<i>New Cases Per 10,000 in the County in the last 28 days (updated every 14 days beginning 10/8/2020)</i> Find transmission rates at: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml		
	COVID-19 case in the last 14 days and/or Currently in Outbreak Status	High New Cases ≥ 16/10,000	Moderate New Cases 8/10,000 to <16/10,000	Low New Cases < 8/10,000
Outdoor Visitation	No	Yes	Yes	Yes
Indoor Visitation	Compassionate Care	Compassionate Care	Yes Following CMS guidance, limit the number of visitors and movement within facility.	
Pet Visitation	No	No	No	Single Resident Only
Staff	Essential	Essential	Limited Non-Essential	Non-Essential allowed, as long as not subject to work exclusion due to an exposure or showing signs & symptoms of COVID-19 after being screened.
Students (medical, nursing, social work, etc.)	Yes, as long as not subject to work exclusion due to an exposure or showing signs & symptoms of COVID-19 after being screened.			
Volunteers	No	No	No	Yes, as long as not subject to work exclusion due to an exposure or showing signs & symptoms of COVID-19 after being screened.
Communal Dining	No	Yes. Facilities should consider additional limitations based on status of COVID-19 infections in the facility.	Yes, with social distancing (limited # people at each table with at least 6 feet between each person) Note: Applies only to residents not in isolation or observation and not having suspected/confirmed COVID-19 status	

Essential Medical Visits Outside the Facility – Escorted by Facility or Other Known Provider	Yes If in an outbreak and/or sending a suspect or confirmed COVID-19 resident, receiving facility must be notified in advance.		
Essential Medical Visits Outside the Facility – NOT Escorted by Facility or Other Known Provider	No	No	Yes. Resident should be managed as a “COVID-19 status unknown” individual.
Group Activities- Escorted by Facility or Other Known Provider	No	No	<p>Yes, <u>for ≤10 persons</u> who have fully recovered from COVID-19 and for those not in isolation or observation or with suspected/confirmed COVID-19 status.</p> <p>Physical distancing among residents, appropriate hand hygiene, and use of face coverings (source control) apply.</p> <p>Yes, for residents who have fully recovered from COVID-19 and for those not in isolation or observation or with suspected/confirmed COVID-19 status.</p> <p>Physical distancing among residents, appropriate hand hygiene, and use of face coverings (source control) apply.</p>
Group Activities– NOT Escorted by Facility or Other Known Provider	No	No	Yes. Resident should be managed as a “COVID-19 status unknown” individual.
Day Activities (Community Support, Employment Support, BH Social Club, etc.)	No	No	Yes. Community Support provider must be in compliance with applicable guidance .
Screening – Visitors, Staff, Students, Volunteers, Residents	Yes, screening applies in all instances for anyone entering the home.		
¹Source Control	Yes, face coverings for Staff & Residents Addition of eye protection for Staff within 6 feet of resident while providing care/services		Yes, face coverings for Staff & Residents

¹**Source Control:** refers to the use of face coverings to cover a person’s mouth and nose to prevent the spread of respiratory secretions when they are talking, sneezing, or coughing. For healthcare workers (a.k.a staff) who are working in areas of moderate to high community transmission of COVID-19 the addition of eye protection is recommended if within ≤6 feet of a resident when providing care or services. Noted, eye protection and other appropriate PPE should be donned at any time there is reasonable expectation of exposure to respiratory droplets or other bodily fluids, per Standard Precautions.

“Whatever anybody says or does, assume positive intent. You will be amazed at how your whole approach to a person or problem becomes very different.”

When you assume negative intent, you're angry. If you take away that anger and assume positive intent, you will be amazed. Your emotional quotient goes up because you are no longer almost random in your response.”

- Indra Nooyi, PepsiCo CEO