The Minnesota Department of Health (MDH) and Department of Human Services (DHS) are working together to respond to COVID-19. Together, the agencies give guidance to DHS-licensed residential service providers that deliver 245D licensed services in licensed community residential settings. The guidance in this document is also for MDH-licensed intermediate care facilities for people with intellectual disabilities. Both types of settings are referred to in this document as “group homes.”

This guidance for group homes is designed to limit the spread of COVID-19, while balancing workforce challenges and upholding the rights of people served. This guidance is intended to advise group home providers on best practices and does not mandate specific actions. Recommendations differ depending on vaccination status. A person is “vaccinated” or “fully vaccinated” if it has been at least two weeks since they got either their second dose in a two-dose series, such as Pfizer or Moderna vaccines, or one dose in a one-dose series like the Johnson & Johnson (Janssen) vaccine.

Group homes must continue to follow up to date federal requirements for their license type. Group homes are also encouraged to refer to Recommendations for Wearing Masks (www.health.state.mn.us/diseases/coronavirus/facecover.html) for MDH face covering recommendations, information about federal or local face covering requirements, and links to CDC guidance for specific situations (e.g., fully vaccinated populations, health care settings, etc.).

**Intermediate care facilities**

Although this document attempts to clarify differences in guidance between all types of group home settings, intermediate care facilities must continue to follow federal guidance as directed by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention.

Important resources related to infection control and prevention for administrators of intermediate care facilities can be found at:

- Centers for Medicare and Medicaid Services: Policy and Memos to States and Regions (www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)
COVID-19 prevention

Watch for symptoms

Administrators of community residential settings may consider continued screening for signs and symptoms of COVID-19 in staff, visitors, and people who live in the group home. The Centers for Medicare and Medicaid Services (CMS) continue to require screening for signs and symptoms of COVID-19 in all visitors, staff, and residents of intermediate care facilities.

COVID-19 symptoms include:

- Fever
- Cough
- Shortness of breath
- Chills
- Headache
- Muscle pain
- Sore throat
- Nausea
- Vomiting
- Diarrhea
- New loss of taste or smell

Group home managers should make COVID-19 testing a high priority for staff and people who live in the group home. COVID-19 can spread quickly in supervised group home settings, so it is important for staff and people who live in the group home to get tested if they have chills, fever, or other symptoms of COVID-19, even if they have been fully vaccinated.

Face covering and mask recommendations

People who live or work in a group home with no active cases of COVID-19 are not required to wear face coverings, unless either of the following are true:

- The group home has elected to impose a face-covering requirement for residents, staff, or both.
- A federal requirement or local mandate requires face coverings.

Face coverings may still be recommended in many situations, especially for those who are not fully vaccinated. Group homes are encouraged to review Recommendations for Wearing Masks (www.health.state.mn.us/diseases/coronavirus/facecover.html) and the below for more details.
**Face covering recommendations for unvaccinated staff**

If the supply is available, unvaccinated group home staff should wear respirators like N95s, or well-fitting medical grade face masks, and eye protection during their entire shift (including in breakrooms or other common areas where coworkers are present). This is especially important if staff work in a home with a person who is also unvaccinated and at high risk for complications from COVID-19.

If the supply of disposable medical-grade masks is limited, staff should wear washable face coverings. For the best protection against COVID-19, a face covering should have at least two layers of tightly woven fabric, cover the nose and mouth completely, and fit snugly against the face without gaps. Note: cloth masks are not considered personal protective equipment.

More information about how to improve the way a mask fits can be found at [CDC: Improve How Your Mask Works for You](https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html).

Group home staff who have been medically cleared, trained, and fit-tested should use N95 or higher-level respirators. This guidance is part of an employer’s respiratory protection program, as defined by the Occupational Safety and Health Administration (OSHA). More information is available at [CDC NIOSH Science Blog: Proper N95 Respirator Use for Respiratory Protection Preparedness](https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/).

Note: Personal protective equipment used in caring for people with suspected or confirmed COVID-19 is covered in a later section of this guidance document.

**Face covering recommendations for fully vaccinated staff**

Except when caring for people who have suspected or confirmed COVID-19, fully vaccinated staff do not need to:

- Wear masks during inside or outside gatherings with staff or residents who are fully vaccinated.
- Maintain social distancing during inside or outside gatherings with staff or residents who are fully vaccinated.

Fully vaccinated staff should still comply with any requirements set by their facilities and local authorities.

Note: Personal protective equipment used in caring for people with suspected or confirmed COVID-19 is covered in a later section of this guidance document.

**COVID-19 vaccination**

People who live and work in group homes are strongly encouraged to get vaccinated for COVID-19. Group home administrators and managers are strongly encouraged to:

- Identify a place for staff and people who live in group homes to get vaccinated.
- Contact their local public health department to receive updates about local planning for COVID-19 vaccine. Administrators can learn more about getting vaccinations at COVID-19 Vaccine (www.health.state.mn.us/diseases/coronavirus/vaccine/index.html).

Intermediate care facilities should also be aware of CMS guidance on providing education to unvaccinated people.

**Recommendations for gatherings and visits among residents, friends, and family**

**Resident gatherings in intermediate care facilities**

Intermediate care facilities should follow updated principles outlined in federal guidance. The most recent guidance on visitation can be found at CMS: Visitation at Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) and Psychiatric Residential Treatment Facilities (PRTFs) - Coronavirus Disease -2019 (COVID-19) (REVISED) (www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/visitation-intermediate-care-facilities-individuals-intellectual-disabilities-icfsiid-and). In intermediate care facilities, if unvaccinated residents are present, all residents are expected to wear masks, except while eating, and the unvaccinated residents need to maintain social distancing. Fully vaccinated residents can participate in communal dining without use of source control or physical distancing.

**Resident gatherings in licensed community settings among unvaccinated people**

Masking and physical distancing of all persons who are unvaccinated during resident gatherings in the home should be strongly considered.

**Resident Gathering in licensed community settings among fully vaccinated people**

In settings where only vaccinated people are present, everyone who is not showing any symptoms of COVID-19 may gather for meals or activities without wearing masks or keeping distance.

Those who are immunocompromised or otherwise at high risk of COVID-19 complications are encouraged to consult with a health care provider for additional guidance. Data is limited on the impact of vaccination for immunocompromised people. A list of health issues that could make COVID-19 worse is available on CDC: People with Certain Medical Conditions (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

**Help make things safer for group home visitors**

People who live in group home settings have the right to associate with other people in the community. People who live in group homes also have the right to choose their visitors and when visitors are in their home. Restricting these rights without having a rights restriction in place may violate licensing standards.
Group home staff should help people who live in the group home make informed decisions about visits. It is important to talk to people who live in the group home about the benefits and the health risks of spending time with people who visit the group home.

If you have concerns that the rights of anyone who lives in a group home have been violated, you can:

- Report concerns to the Minnesota Department of Human Services, licensing intake, at 651-431-6600.
- File a complaint with the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Call the Home and Community-Based Services (HCBS) helpdesk at 651-431-6624.


**Recommendations for all visitors**

Best practices for anyone planning visits to a group home:

- Encourage virtual visits if anyone living in the group home has COVID-19 or had close contact with someone who had COVID-19 and is in quarantine.
  - Consider waiting to resume visitation until two weeks without a COVID-19 case in the home and until no one who lives in the home is infectious. Find information on staying home or away from others in the recommendations for staff and recommendations for people who live in group homes sections.
- Group home administrators or managers should check all visitors for fever and other symptoms of COVID-19 before they enter the group home. Visitors who are ill should not enter the group home.
- Visitors should follow the facility’s rules for infection prevention and source control.

**Fully vaccinated visitors in licensed community settings**

If people who live in the group home spend time with outside visitors who are fully vaccinated, the visits should be guided by [CDC: Interim Public Health Recommendations for Fully Vaccinated People](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html). People who live in the group home should also follow this guidance when leaving the group home to visit others in their homes.
Unvaccinated or partially vaccinated visitors in licensed community settings

People who are not vaccinated, or choose not to share their vaccination status, should not be restricted from visiting a person in a group home unless restriction is necessary to ensure the health, safety, and well-being of group home residents. Group home administrators or managers should consider ways to limit the spread of COVID-19 between unvaccinated visitors and people who live in the group home. Intermediate care facilities should refer to the CMS guidance above on visitation.

Ways to limit the spread of COVID-19:

- Limiting contact between group home visitors and people that they are not there to visit, especially people with health issues that could make COVID-19 worse.
- Encouraging all unvaccinated people who are visiting a group home to wear a mask that fits well.
- Making sure all people who are visiting a group home stay 6 feet apart from other people during the visit.
- Making sure all group home visits take place outdoors or in a well-ventilated space.

If you have concerns that the rights of anyone who lives in a group home have been violated, you can:

- Report concerns to the Minnesota Department of Human Services, licensing intake, at 651-431-6600.
- File a complaint with the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Call the Home and Community-Based Services (HCBS) helpdesk at 651-431-6624.


Carefully consider special situations

Staff living with people with COVID-19

MDH recommends that group home staff who encounter someone in the group home who has COVID-19 follow COVID-19 Recommendations for Health Care Workers (www.health.state.mn.us/diseases/coronavirus/hcp/hcwwrcs.pdf).

Vacation or non-essential travel

People living in group homes may make travel plans to stay with a family member or to go on vacation. Before a person living in a group home travels, staff should discuss the benefits and risks of travel and precautions so the person knows how to protect others and avoid getting COVID-19. The risks of travel differ depending on whether the person is vaccinated. For more information on considerations for traveling within the United States, visit CDC: Domestic Travel During COVID-19 (www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html). For international travel

Intermediate care facilities for people with intellectual disabilities are encouraged to follow Long-term Care Guidance for Outings (www.health.state.mn.us/diseases/coronavirus/hcp/ltceoguide.html).

Admission or re-admission into DHS-licensed community residential settings

If group homes choose to accept people with a recent positive test for COVID-19, administers, managers, and staff are strongly encouraged to follow CDC and MDH guidance:

- Interim Guidance for Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precaution (www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf)
- CDC: Transmission-Based Precautions (www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html)

If a group home is unable to follow MDH or CDC recommendations, administers and managers should:

- Wait to admit the person into the group home until the recommendations can be followed.
- Wait to admit the person into the group home until personal protective equipment requirements to provide care are no longer needed.

People can be admitted or re-admitted into DHS-licensed community residential settings according to normal facility practices if they:

- Do not have COVID-19 symptoms.
- Have not had contact with or were close to someone with COVID-19.

Keep the group home clean and sanitized

Group home administrators, managers, and staff should clean and disinfect the group home regularly, especially rooms and surfaces that are shared and touched a lot:

- Dining areas
- Laundry rooms
- Elevators
- Doorknobs
- Light switches
- Countertops
- Toilets
- Faucets
- Sinks
Group home administrators, managers, and staff should use disinfectants registered by the Environmental Protection Agency (EPA) multiple times a day. Find more information at About List N: Disinfectants for Coronavirus (COVID-19) (www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0).

For more information, visit CDC: Cleaning and Disinfecting Your Facility (www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

COVID-19 management

Test people with COVID-19 contact or symptoms

Everyone who lives or works in the group home, and has symptoms of COVID-19, even if fully vaccinated, should get tested for COVID-19 and other respiratory illness. Fully vaccinated people should be tested for COVID-19 if they develop symptoms of the disease, but testing is not recommended following an exposure if they are not showing symptoms. Testing is just one of several strategies to prevent COVID-19 transmission, and group homes should use testing in combination with the other recommended strategies in this document.

People who live in the group home who have symptoms and are waiting for test results should:

- Stay in their rooms or stay at least 6 feet away from others in the home as much as possible.
- Behavioral or mental health issues may make it impossible to keep people away from others. In that case, facility staff should help lower the spread of COVID-19 in common areas by:
  - Wearing masks.
  - Washing hands often.
  - Staying at least 6 feet away from each other.
  - Disinfecting common areas, like TV rooms and dining areas.
  - Recommending other residents and visitors consider wearing a mask

Testing people who do not have symptoms is recommended for:

- Unvaccinated people who are a close contact of someone with COVID-19. These people should get tested five to seven days after their last contact with the person who has COVID-19.
  - However, if the person has had COVID-19 within the past 90 days, MDH does not recommend testing unless the person has symptoms, in which case they should see a health care provider for further guidance.
- Unvaccinated people who have traveled or are planning to travel.

For more information about testing people who are not showing symptoms, visit Evaluating and Testing: COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).
Perform COVID-19 risk assessments

MDH recommends that group home administrators complete risk assessments as soon as possible after learning someone in the group home has COVID-19. Assessing a person’s contact with someone with a positive test, or who may have COVID-19, can help slow the spread.

People with COVID-19 can spread the virus to others two day before symptoms develop or the two days prior to the positive test date and for the following 10 days.

Group home administrators or managers should identify everyone, including those who are fully vaccinated, who spent 15 minutes or more in a 24-hour period within 6 feet of the person with COVID-19. This risk assessment should start two days before the person developed symptoms or had a positive RT-PCR or antigen test and until one of the following instances:

- All people who live and work in the group home are using appropriate personal protective equipment and are staying more than 6 feet apart.
- The person with COVID-19 is no longer in the home.
- The person is no longer able to spread COVID-19 to others.

Ending the use of personal protective equipment during care of people with COVID-19


Return to work guidelines

Recommendations for unvaccinated staff

A staff member in a supervised group home setting who is not fully vaccinated and has had close contact (less than 6 feet) with someone with COVID-19 for 15 minutes or more in a 24-hour period should:

- Not return to work sooner than 14 days after the most recent date of contact with someone with COVID-19.
- Get tested five to seven days after contact with someone with COVID-19.

Sometimes, returning to work sooner than 14 days is the only way to cover staff shortages. Group home administrators or managers may ask unvaccinated staff members to return to work sooner if they do not have symptoms.

If staff have not been fully vaccinated but have recovered from a confirmed case of COVID-19 illness in the past 90 days, group home staff may not need to stay home from work or be tested after they have contact with someone with COVID-19.

Follow guidance for bringing staff back to work after having contact with someone with COVID-19:
COVID-19 Recommendations for Health Care Workers
(www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)


Recommendations for fully vaccinated staff

- Unless they have an immunocompromising condition, fully vaccinated group home staff do not need to stay away from other people for 14 days after having contact with someone with COVID-19.
  - People with immunocompromising conditions should discuss the need for personal protective measures with their health care provider after vaccination.


Care for people with COVID-19 who live in group homes

Group home staff should monitor group home residents who are sick to identify people requiring a higher level of care. Three times daily, staff are encouraged to document:

- Their temperatures
- Their symptoms, if any
- Their blood-oxygen level

When providing direct care for people confirmed with COVID-19, group home staff, including fully vaccinated staff, should wear personal protective equipment:

- A respirator, like N95 or equivalent
- Eye protection, gown, and gloves
- A mask that fits well

Some people living in a group home may not be able to wear a mask. In that case, the following staff should be prioritized to provide that person’s direct care:

- Staff who have recovered from COVID-19 in the last 90 days.
- Staff who have been fully vaccinated.

Group home accommodations for people with COVID-19

People with confirmed or suspected COVID-19 should:

- Have a dedicated space to isolate. Ideally, the person should have a room to themselves with a private bathroom and a door that closes. If a private bathroom is not possible:
▪ Staff should clean and disinfect all shared sinks, toilets, and other surfaces that are touched a lot.

▪ Staff should clean and disinfect the shared bathrooms at least twice a day, or more often during times of heavy use.

▪ Staff should encourage those who have a positive test for COVID-19 to use a separate bathroom if one is available.

▪ Stay in their rooms as much as possible.

▪ If people who live in the group home must leave their rooms, staff should increase cleaning and disinfection in common areas of the home.

▪ Have dedicated staff to provide care.

▪ Wear a mask.

▪ Wash or sanitize their hands immediately before or after leaving their room.

▪ Stay at least 6 feet away from others.

Recommendations for unvaccinated people who live in the group home

Except for those who have had COVID-19 within the last 90 days (more detail below), a person living in the group home who is not vaccinated and has spent 15 minutes or more in a 24-hour period within 6 feet of someone with COVID-19 should:

▪ Stay away from others for 14 days from the date of their last close contact with someone with COVID-19.

▪ Get tested five to seven days after their last close contact with someone with COVID-19.

People who live in group homes should be informed of the options for quarantine, including shortened quarantine, and including what those options mean to them and others. More information on options for a shorter quarantine can be found at [CDC Science Brief: Options to Reduce Quarantine for Contacts to Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html).

An unvaccinated person who lives in the group home who has recovered from confirmed COVID-19 in the past 90 days does not need to stay away from others for 14 days or get repeated testing, if both are true:

▪ It has been 90 days since the person had COVID-19 symptoms or from the date of their positive test if they were asymptomatic.

▪ The person remained asymptomatic since any new contact with someone with COVID-19.

Recommendations for fully vaccinated people who live in the group home

If a group home resident has close contact with someone with COVID-19, they do not need to stay away from others for 14 days if either of the following are true:
They are fully vaccinated.

They recovered from COVID-19 in the past 90 days.

Following CDC guidance for health care settings, people who live in intermediate care facilities should continue to quarantine for 14 days following exposure to someone with COVID-19, even if they are fully vaccinated.

For more information about discussing recommendations with people who live in the group home, visit:


For people who attend adult day center or day service facility

If someone who lives in the group home attends an adult day center or day service facility and has a positive test, group home administrators should notify the adult day center or day service facility. Notifying these facilities helps identify other people who had close contact with someone with COVID-19.

How to report cases of COVID-19 in group homes

To report cases of COVID-19 to the Minnesota Department of Health, go to Submitting Clinical Information on Long Term Care and Adult Day COVID-19 Cases and Reporting Discrepant Laboratory Results (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD).

Resources

- CDC: If You Are Sick or Caring for Someone (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)


- Centers for Medicare and Medicaid Services: Policy and Memos to States and Regions (www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

- DHS: Latest information about COVID-19 from Licensing (mn.gov/dhs/partners-and-providers/licensing/licensing-covid/)

- Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf)

- COVID-19 Personal Protective Equipment (PPE) Grid for Congregate Care Settings (www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf)

- Donning and Doffing Video Vignettes (www.health.state.mn.us/diseases/hcid/videos.html)

- Health Care Coalitions (www.health.state.mn.us/communities/ep/coalitions/index.html)


- Minnesota Responds Medical Reserve Corps (mnresponds.org/)