STAY SAFE MN

COVID-19 Guidance: Nursing Home Visitation and Activity Restriction Modifications

Due to the most recent guidance released by the Centers for Medicare & Medicaid Services (CMS) related to testing requirements and visitation for nursing homes, the Minnesota Department of Health (MDH) has decided to replace guidance for nursing homes issued on August 10, 2020, entitled "Recommendations for Long-term Care Visitation and Activities: How and When to Safely Transition to the Next Level Throughout the COVID-19 Pandemic." The goal is to align more closely with federal guidance and regulations to support regulatory compliance and balance nursing home resident and staff safety with quality of life. The original document was revised to apply to housing with services and assisted living providers only and will not apply to nursing homes.

Balancing COVID-19 safety and visitation restrictions with the well-being of residents in long-term care and other residential settings is an urgent priority for Minnesota. Social isolation because of COVID-19 visitor restrictions is a significant concern.

- Beginning March 13, 2020, Minnesota long-term care facilities began implementing guidance from CMS that recommended restrictions to normal operations in an attempt to slow the spread of COVID-19.
- On May 18, CMS released further guidance on how state and local officials could begin to loosen restrictions.
- Then on August 26 (QSO-20-38 NH) and September 17 (QSO-20-39-NH), CMS released additional information on requirements for long-term care facility testing and visitation.

While COVID-19 remains a concern in communities across the state, we will continue to collaborate with federal partners, long-term care associations, and stakeholders to make sure we responsibly modify restrictions for long-term care facilities. This guidance is based on currently available best-practice recommendations and evidence, and it may be updated and adjusted as additional information becomes available and response efforts evolve.

Nursing homes must implement the measures described in CMS memos:

- **QSO-20-39-NH (www.cms.gov/files/document/qso-20-39-nh.pdf)**, 9/17/2020
- **QSO-20-38 NH (www.cms.gov/files/document/qso-20-38-nh.pdf)**, 8/26/2020

Key revisions from prior MDH visitation and activities guidance

- Use of county positivity rates rather than county case rates. The facility has the option to use either MDH posted positivity rates or CMS posted positivity rates.
- Facilities must have had no new facility onset COVID-19 cases in the last 14 days, versus last 28 days.
- Health care workers who are not employees of the facility, but who provide direct care to residents must be permitted to enter the facility subject to screening protocols.
- Facilities in medium- or high-positivity counties are encouraged to test visitors if possible.
- Definition of "compassionate care" is expanded to include "essential caregivers."

Per QSO-20-39-NH, facilities may not restrict visitation without a reasonable clinical or safety cause. (See also Appendix A below). Examples of clinical or safety causes could include: COVID-19 county positivity rate classified as high (>10%), facility COVID-19 status in the past 14 days, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control factors, lack of staffing or PPE, local hospital capacity, or other relevant factors related to the public health emergency.

Appendix A: Factors facilities should consider

The risk of a COVID-19 outbreak may be higher for some facilities based on the factors described below. Facilities should routinely assess their risk for COVID-19 transmission to ensure proper policies, procedures, and infection control practices are in place. MDH has used CMS: Nursing Home Reopening Recommendations for State and Local Officials (www.cms.gov/files/document/qso-20-30-nh.pdf-0) to develop the following Minnesota-specific factors facilities should consider:

- **Case activity level in community:** Be informed of the level of community transmission in your county. Facilities must monitor the 14-day positivity rate in their county. Facilities can determine the 14-day positivity rate using MDH's COVID-19 Weekly Report: Weekly Test Rate by County of Residence (www.health.state.mn.us/diseases/coronavirus/stats/index.html#wtrmap1), or through CMS: COVID-19 Nursing Home Data (data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg). If a facility is close to a county border, also assess the adjacent county's case incidence.
- **Case status in the facility:** Facilities should have a written process in place to track the status of possible and known COVID-19 cases (resident or staff) in the facility. Facilities that have previously had an outbreak of COVID-19 may be at higher risk.
- **Adequate staffing:** Ensure the facility is not in a staffing crisis, which could include using alternate staffing models, closing certain areas and reallocating of staff, canceling events or activities to balance workloads, etc. Facilities that share staff with other long-term care facilities are at higher risk of COVID-19 outbreak. Before allowing modifications of visitation and activities, a facility should be in conventional or contingency capacity for staffing, and not in a crisis. See MDH guidance on Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html).

- **Access to adequate testing:** The facility must have a written testing plan in place based on contingencies informed by CDC and CMS: QSO-20-38 (www.cms.gov/files/document/qso-20-38-nh.pdf) as well as protocols for ongoing testing. Facilities should consider ongoing changes in risk and refer to Long-term Care Testing: COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html) when developing a testing plan, and should include options for managing specimen collection, test processing, and financing.
- **Universal source control:** Residents should wear cloth face coverings as tolerated. Visitors must wear face coverings in accordance with the MDH personal protective equipment contingency chart. See Contingency Standards of Care for COVID-19: Personal Protective Equipment (PPE) for Congregate Care Settings (www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf). If a visitor is unable or unwilling to maintain these or other precautions, providers may restrict their ability to enter the facility. All visitors should maintain social distancing (at least 6 feet) when possible and perform handwashing or sanitizing upon entry to the facility.
- **Access to adequate personal protective equipment (PPE) for staff:** Contingency capacity strategy is allowable, such as CDC's guidance on strategies to optimize the supply of PPE and equipment. Before allowing modification of visitation and activity policies, a facility should be in conventional or contingency capacity for PPE, and not in crisis. CDC has tools for Optimizing Personal Protective Equipment (PPE) Supplies (www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) and the Personal Protective Equipment (PPE) Burn Rate Calculator (www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html). All staff must wear all appropriate PPE when indicated. Facilities should ensure adequate PPE supplies that do not solely rely on accessing publicly available reserves from state inventories. See MDH guidance on Contingency Standards of Care for COVID-19: Personal Protective Equipment (PPE) for Congregate Care Settings (www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf).
- **Local hospital capacity:** Take into account the ability of the local hospital to accept transfers from long-term care facilities on general and intensive care units. Facilities should work with local county partners and regional health care coalitions to assist with determining this ability.
- **Staff and visitor screening:** All staff and visitors need to be actively screened prior to entry into the building for symptoms and exposure to a person with confirmed COVID-19.

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