

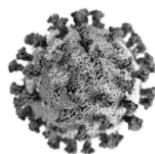
Reopening and Visitation Guidance Updates for Long Term Care Facilities

March 2, 2021

Today's Overview



Navigating the Document



Guidance Updates

- Revised Phases of Reopening
- Visitation, Quarantine, and Testing



Audience Q&A

Navigating the Document

<https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/lctf-visitation.pdf>

Guidance Updates

Summary of Changes

- Addition of a table of contents and title page
- Changes to phases of reopening:
 - Deleted the 10-person limit on group activities
 - Allowance of therapy and companion animals in Phases I, II, and III
 - Addition of when new admissions are permitted
 - Allowance of essential support visitation in Phase I in addition to II and III
 - Removed the requirement for visitation to be monitored
 - Removed the age requirement for visitors
- Introduction of post-vaccination guidance

Key Takeaways: What difference does completed vaccination make?

- Proportion of staff and residents who are 14 days beyond second COVID-19 vaccination should allow for facilities to lift some restrictions on residents
- In order to maintain compliance with residents' rights to visitation and quality of life in terms of freedom to move about and congregate within the facility, facilities are expected to lift restrictions in accordance with the phases and practices outlined in this document
- While the phase charts in the [guidance](#) cannot account for vaccination status, facilities may choose to factor in proportion vaccinated within policies and practices

Key Takeaways: What difference does completed vaccination make? (cont.)

- Individual vaccination status allows exceptions to quarantine requirements in various scenarios
 - (e.g., contact to a case, upon admission, after travel, after an overnight hospital stay)
- High proportion of facilities' staff and residents being vaccinated has influenced this guidance, including additional allowances such as now allowing essential support visitors in as early as Phase I, increased flexibility regarding non-essential personnel, removing the need for supervision of visits, increased flexibility in where visits can occur, more permissive in communal dining, more group activities, and allowance of animals in the facility

Key Takeaways: What type of visitation should occur?

- As residents in many of these LTCFs have been without visitation for almost a year, their psychosocial well-being is in jeopardy and a majority, if not all, residents qualify for compassionate care visits
- Compassionate care visitation must occur in each LTCF in the state, whether the facility is in outbreak status or not
- An appropriate plan must be put in place to ensure compassionate care visits are occurring in a way to ensure the health and safety of all residents in the facility
- Social and essential support visitation is expected to be allowable under the phases outlined in the [guidance](#) and should be addressed in the facility plan
- Facilities should notify residents and families that visitation is allowable and share the plan to facilitate visitation

Revised Phases of Reopening

Phase #	
Symptom screening	
Visitation	
New resident admissions	
Non-essential personnel	
Trips outside the facility	
Communal dining	
Group activities	
Testing	
Animal Policy	

Types of Visitation

- **Compassionate Care Visitation:** Compassionate care visits occur for a variety of reasons, not just end of life situations. Examples include:
 - 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.
- **Essential Support Visitation:** Refers to visitation where each a designated essential support visitor can provide consistent support to the resident in activities of daily living (ADLs).
 - Every resident can designate one essential support visitor chosen by the resident, or the resident's power of attorney, if activated, to provide emotional and other support.
 - These are intended to be the same visitor, who agrees to limit their own possible social exposure to and has been educated regarding COVID-19 safety.
 - *Please note CMS does not distinguish between essential support visitors and other visitors. For the purpose of facility inspection, these essential support visitors are considered as compassionate care visitors.*
- **Social Visitation:** Refers to 1-2 visitors indoors or outdoors for the purpose of socialization, usually limited in duration and in a designated area.
 - Per CMS guidelines, outdoor visitation is allowed regardless of county test positivity rates. CMS requires the county positivity rate to be <10% for indoor social visitation.

Types of Visitation

- **Window visits** (where the visitors do not enter the facility) are allowed in all phases and must be allowed if able to be performed safely



Phase 0: Facilities with one or more new [facility-onset](#) cases should follow [NH DHHS Recommendations for Response](#)

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care only Designated essential support visitor
New resident admissions	Not permitted ^o
Non-essential personnel	None
Trips outside the facility	Only medically necessary trips
Communal dining	None
Group activities	None
Testing	Response testing (every 3-7 days until no new cases for 14 days) ^Δ
Animal Policy	No companion or therapy animals [†] permitted

^oResidents who were transferred from a facility to a hospital should be accepted back when the hospital is ready to discharge them back to the facility. In addition, rarely there are circumstances where the resident's best interests might dictate admission even in Phase 0; these should be considered on a case by case basis with the facility's DHHS investigators.

^ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

[†][Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Summary of Changes to Phase 0

- **Designated essential support visitor** is now allowed here as a type of compassionate care visitation
- Added reminder about restricting new admissions

Phase I: Facilities with no new [facility-onset](#) cases of COVID-19 in the prior 14 days and in counties with a prevalence of more than 50 [active COVID-19 cases](#) per 100,000 population

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation, and Designated essential support visitor
New resident admissions	Permitted
Non-essential personnel	Allow limited number with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips
Communal dining	Permitted with masking (unless actively eating or drinking) and physical distancing [§]
Group activities	Permitted with masking and physical distancing [§] ; cohorting encouraged
Testing	Routine surveillance testing in accordance with CMS and NH DPHS guidance ^Δ
Animal Policy	<ul style="list-style-type: none"> • Therapy animals[†] allowed • Companion animals permitted under below Animal Policy Guidelines

*Per [CMS visitation guidance](#), indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility or if the CMS test positivity rate is above 10%

[§]Physical distancing refers to 6ft of space between individuals (residents and staff)

^ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

[†][Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Summary of Changes to Phase 1

- Reminder that Phase 1 occurs when a county is >50 active cases per 100k population
- **Designated essential support visitor** is now allowed here
- Limited number of **non-essential personnel** are allowed here
- No number limit to group activities (just maintain social distancing and masking!)
- Therapy and companion animals allowed

“There is no current evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. It appears that it can spread from people to animals (e.g., dogs, cats, mink) in some situations, especially after close contact with a person with COVID-19” ([DHHS Reopening Guidance](#)).



Phase II: Facilities in counties with a prevalence of [active COVID-19 cases](#) of 50 cases per 100,000 population or fewer who have been operating successfully in Phase I for at least 14 days

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation Designated essential support visitor
New resident admissions	Permitted
Non-essential personnel	Allow limited number with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips
Communal dining	Permitted with masking (unless actively eating) and physical distancing [§]
Group activities	Permitted with masking and physical distancing [§] ; cohorting encouraged
Testing	Routine surveillance ^Δ testing in accordance with CMS and NH DPHS guidance
Animal Policy	<ul style="list-style-type: none"> • Therapy animals[†] allowed • Companion animals permitted under below Animal Policy Guidelines

For non-CMS facilities (like ALFs) [tours in non-resident](#) areas are allowed in Phases II & III

*Per [CMS visitation guidance](#), indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility or if the CMS test positivity rate is above 10%

§Physical distancing refers to 6ft of space between individuals (residents and staff)

ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

†[Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Summary of Changes to Phase 2

- Reworded statements on communal dining and group activities for clarity
- Therapy and companion animals allowed
- Reminder that tours in non-resident areas are allowed for non-CMS facilities (as of [10/22/20](#))

Phase III: Facilities in counties with a prevalence of [active COVID-19 cases](#) of 10 cases per 100,000 population or fewer and have been operating successfully in Phase II for at least 14 days

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation Designated essential support visitor
New resident admissions	Permitted
Non-essential personnel	Allow with additional precautions as determined necessary by the facility
Trips outside the facility	Some non-medically necessary trips permitted, based on risk of activity
Communal dining	Permitted with masking (unless actively eating) and physical distancing [§]
Group activities	Permitted, including outings, with physical distancing, cohorting encouraged
Testing	Routine surveillance ^Δ testing in accordance with CMS and NH DPHS guidance
Animal Policy	<ul style="list-style-type: none"> • Therapy animals[†] allowed • Companion animals permitted under below Animal Policy Guidelines

For non-CMS facilities (like ALFs) [tours in non-resident](#) areas are allowed in Phases II & III

*Per [CMS visitation guidance](#), indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility or if the CMS test positivity rate is above 10%

§Physical distancing refers to 6ft of space between individuals (residents and staff)

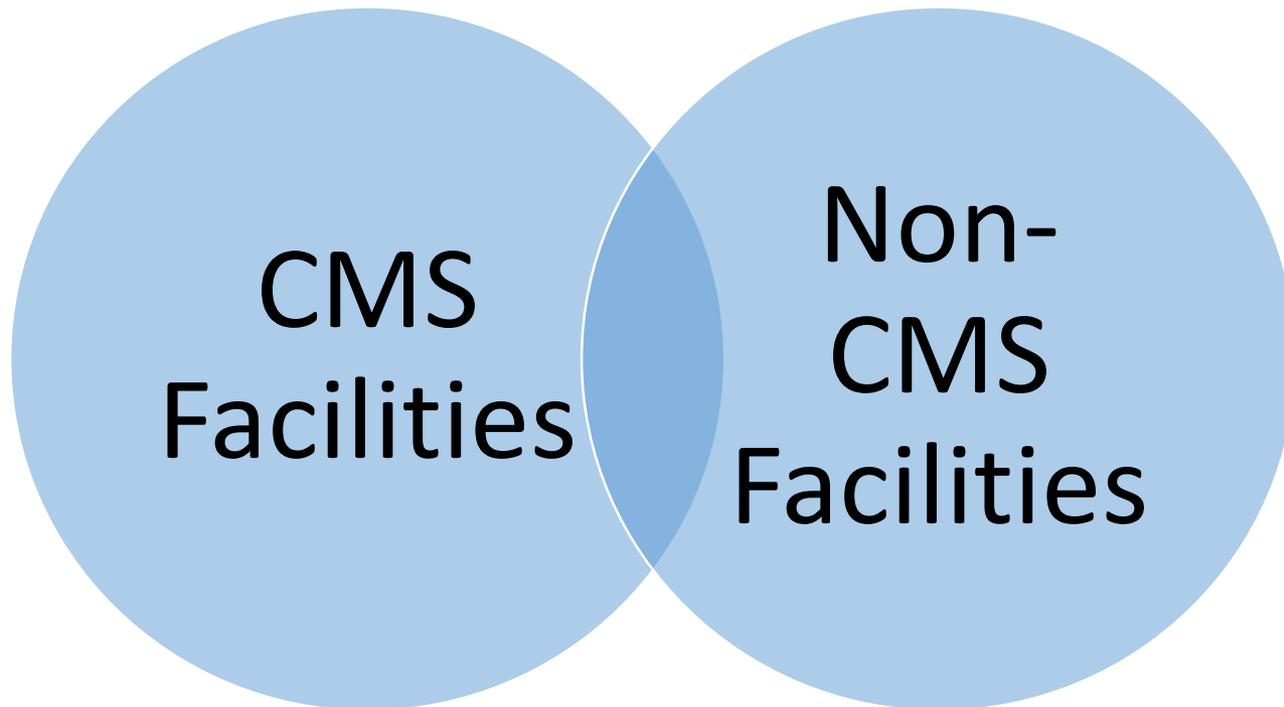
ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

†[Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Summary of Changes to Phase 3

- Reworded statements on communal dining and group activities for clarity
- Reminder that tours in non-resident areas are allowed for non-CMS facilities (as of [10/22/20](#))

Applying Visitation, Quarantine & Testing Guidance



Visitation Guidance

DHHS Guidance for all LTCFs

(including nursing homes, assisted living facilities, and other residential care facilities)

LTCFs should allow in-person visitation in all phases according to the DHHS phases of reopening and CMS recommendations. Vaccination status does not influence whether a resident can have a visitor. See visitation summary below:

- In person visitation is allowed in all phases in accordance with the tables above.
- Remember [CMS mandates](#) a facility must facilitate in person visitation (over and above compassionate care visits which is allowable in all phases) if the facility is located in a [county with test positivity rate](#) $\leq 10\%$.
 - If the county test positivity rate is $>10\%$ the facility should postpone indoor visitation (other than compassionate care visits). This recommendation applies to ALFs as well.
- CMS also mandates that indoor social visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility.
- Per [CMS guidelines](#), outdoor visitation is allowed regardless of county test positivity rates.

What is different for CMS facilities?

- By CMS mandate, the facility MUST adhere to the above CMS visitation requirements

What is different for ALFs and non-CMS facilities?

- While most ALFs are not regulated by CMS, DHHS recommends adhering to the above guidance
- While using a CMS data metric may be unfamiliar to ALFs, the 10% CMS test positivity marker is recommended to limit visitation when community transmission is high

Quarantine Guidance

<p>DHHS Guidance for all LTCFs</p>	<p>The following people do NOT need to quarantine¹:</p> <ul style="list-style-type: none"> • A person who is 14 days² beyond the second dose of their COVID-19 vaccine • A person who is within 90 days of a prior SARS-CoV-2 infection diagnosed by PCR or antigen testing <p><i>¹In both of the above situations, the person does not have new or unexplained symptoms of COVID-19.</i></p> <p><i>²For CMS regulated facilities the person must be 14 days beyond but also 90 days within receipt of second dose. After 90 days, the person should quarantine as if un-vaccinated. This is due to a divergence in NH DHHS and CMS guidance. Non-CMS licensed facilities do NOT have an upper limit of 90 days.</i></p> <p>This applies in all of the following quarantine scenarios:</p> <ul style="list-style-type: none"> • Upon admission to a LTCF • After an unprotected exposure to a person with COVID-19 • After domestic travel outside of New England • After an overnight stay at a hospital
<p>What is different for CMS facilities?</p>	<ul style="list-style-type: none"> • Pay attention to the second footnote • Someone exempt from quarantine must also be 90 days within receipt of second dose • After 90 days, the person should quarantine as if un-vaccinated • This is due to a divergence in NH DHHS and CMS guidance
<p>What is different for ALFs and non-CMS facilities?</p>	<ul style="list-style-type: none"> • The only requirement to be exempt from quarantine to be 14 days beyond second dose • There is NO upper time limit



Testing Guidance

DHHS Guidance for all LTCFs	<p>Staff and residents of LTCFs who are at least 14 days beyond their second dose of a COVID-19 vaccine, or who are within 90 days of a previous SARS-CoV-2 infection (diagnosed by PCR or antigen testing), may be exempted from the COVID-19 Resident and Staff Surveillance Program (CRSSSP) unless otherwise required to test under CMS requirements.</p> <p>Regardless of prior infection or vaccination status, any person with new or unexplained symptoms of COVID-19 still needs to isolate (Isolation Guide), and be evaluated for COVID-19 testing.</p>
What is different for CMS facilities?	<p>As of 3/1/21, CRSSSP is still required for nursing homes by CMS. Therefore, vaccinated staff should continue to participate in CRSSSP.</p>
What is different for ALFs and non-CMS facilities?	<p>At non-CMS facilities, fully vaccinated staff do not need to participate in CRSSSP.</p>

