



Residential Care Facilities May 21, 2021 Order Guidance

Michigan.gov/Coronavirus

Issue Date: July 27, 2021

Executive Summary

This document provides recommendations for visitation standards in residential care facilities. “Residential care facilities” means a nursing home, home for the aged, adult foster care facility, hospice facility, substance use disorder residential facility, or assisted living facility. It does not include independent living facilities.

As the epidemiology of COVID-19 around the country and the state of Michigan evolves, MDHHS will continue to review and update these recommendations.

General Mitigation Measures for Visits in Residential Care Facilities

Facilities are required to adhere to the MDHHS May 21, 2021 [Requirements for Residential Care Facilities](#) epidemic order. In addition, MDHHS recommends that all residential care facilities, regardless of facility size, implement the following criteria to safely conduct visits indoors and outdoors. For scenarios that are not explicitly addressed in either the MDHHS Order or the CMS QSO 20-39-NH, facilities have the ability to consider their own circumstances and infection prevention and control protocol to inform operations.

- Schedule visits by appointment.
- Limit the number of visitors *per scheduled visit* to two persons or fewer at any given time.
- Limit visitors to those 12 and older.
- Disallow visitation during aerosol-generating procedures or during collection of respiratory specimens unless deemed necessary by staff for the care and well-being of the resident.
- Educate visitors on the facility’s recommended infection prevention and control practices that should be used during the visit (e.g., use of face coverings, physical distancing, etc., in accordance with [CDC guidance](#)).
- MDHHS strongly encourages inclusion of temperature checks as a part of regular screening.
- Make hand sanitizer and/or hand washing facilities safely available to visitors and post educational materials on proper hand washing and sanitization.

- Communicate regularly with residents and their families to inform them of updated visitation protocols.
- Tables are recommended as a barrier to ensure proper physical distancing during outdoor visitation.
- Provide adequate protection from weather elements (e.g., in a shaded area) when conducting outdoor visitation.

Testing Recommendations for Visitors in Residential Care Facilities

Testing is an additional mitigation measure to identify otherwise undetected cases in our communities, thus, limiting potential outbreaks in residential care settings. MDHHS recommends that residential care facilities request evidence of vaccination and/or conduct point of entry testing of visitors whenever possible. When point of entry testing is not available, MDHHS recommends that residential care facilities encourage visitors to be tested on their own within 72 hours of coming to the facility and provide proof of negative test results upon entry. *A facility cannot deny visitor entry based solely on either testing or vaccination status. In person visitation may be denied if the visitor tests positive for COVID-19 during point of entry testing.*

MDHHS has the capacity to provide rapid antigen COVID-19 tests to residential care facilities for visitor testing. For further information about supplies and support for visitor testing, please visit the [MDHHS COVID-19 LTC website](#).

Please note: The staff and resident testing requirements for adult foster care facilities licensed to care for 13 individuals or more, homes for the aged, and nursing homes outlined in the May 5, 2021- [Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities](#) MDHHS Epidemic Order remain in effect.

Frequently Asked Questions

1. Are facilities required to allow visitation under the current order?

Facilities shall comply with the Center for Medicare and Medicaid Services (CMS) guidance included in [QSO-20-39-NH](#) (issued September 17, 2020 and updated April 27, 2021). Per this guidance, facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission.

These scenarios include limiting indoor visitation for:

- *Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;*
- *Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the [criteria to discontinue Transmission-Based Precautions](#); or*
- *Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from [quarantine](#).*

Note: Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

2. The MDHHS Emergency Order on Requirements for Residential Care Facilities effective [May 21, 2021](#) adopts the latest CMS guidance document on nursing home visitation. **Are the core principals and best practices provided in the CMS guidance considered to be requirements for residential care facilities or only guidance to be considered?**

Residential Care Facilities are required to comply with the guidance presented in [CMS QSO 20-39-NH](#) as revised on April 27, 2021. Additional guidance provided by MDHHS is based on current CDC and CMS guidance and is intended to convey public health guidance and best practices that MDHHS recommends facilities consider.

3. The CMS visitation guidance document provides three scenarios for "limiting" indoor visitation. **Does limitation mean that indoor visitation is prohibited or typically not advisable?**

MDHHS strongly advises against visitation in the noted scenarios, but limitations imposed in those circumstances are at the facility's discretion. The Local Health Department may also impose restrictions on visitation due to outbreak or other scenarios.

4. The first of the three scenarios for limiting indoor visitation in the CMS guidance document refers to the facility's COVID-19 county positivity rate. **Which resource should the facility access to determine the facility's COVID-19 county positivity rate?**

*Facilities can use either the [CMS county positivity chart](#) *or the [MI Safe Start Map](#) when determining county positivity rates.*

**Note: Skilled nursing facilities must abide by federal requirements and therefore should refer to the CMS county positivity chart.*

5. The CMS guidance document encourages facilities in medium or high-positivity counties to offer testing to visitors, if feasible. **Which rates are considered medium or high positivity?**

Community COVID-19 Activity	County Positive Rate in the past week
Low	<5%
Medium	5% - 10%
High	>10%

Adapted from Table 2 in CMS [QSO-20-38-NH](#)

6. Is the risk level for the county in which the facility is located to be given any consideration in determining visitor protocols?

County risk level is no longer a factor in the application of visitation guidance. However, there are implications to visitation based on county positivity rate in accordance with the [CMS QSO 20-39-NH](#). Furthermore, local health departments may impose additional guidelines depending on regional circumstances.

7. What are the ramifications for a facility that chooses to be more restrictive than the MDHHS, CMS and/or CDC guidelines?

Facilities have some flexibility in how to manage visitation and visitor flow applying restrictions such as on length of visits, when visits can occur, where in the facility visits occur, etc. These restrictions should be based on clinical decisions and infection control practices. However, a facility cannot deny visitation unless directed to do so by their local health department.

8. Should the facility be contacting their local health department or expect that if a change is required the local health department will contact them?

Local public health should reach out to facilities should there be enhanced regional guidelines beyond what MDHHS and CMS has released. If facilities are made aware of additional local guidance but have not been contacted, they can reach out. Other reasons for facilities to reach out to local public health departments would include reporting the presence of confirmed COVID-19 positive employee or resident and complying with any additional contact tracing efforts as requested.

9. Can an isolated or quarantined individual receive compassionate care visits? What if the individual is positive for COVID-19?

A facility cannot deny entry for a visitor for a resident that meets compassionate care requirements, assuming transmission-based precautions are maintained. The facility may impose some restrictions on time location, etc., but these restrictions should be based on clinical decisions, such as not during aerosolizing procedures, or a local health department's order to restrict visits. While [CMS QSO 20-39-NH](#) provides guidance to allow compassionate care visits even when a resident is in isolation, every other available measure and option should be explored first.

10. Are individuals who are in the facility for non-visitation purposes (e.g., LARA surveyors, LTC Ombudsman Program representatives, funeral directors, clergy, beauticians, entertainers, construction contractors performing essential work) subject to facility restrictions on visitation? Are they subject to facility restrictions on visitation during an outbreak?

These individuals fall under the category of "non-visitor" and "non-medical" and are not subject to the restrictions relative to visitation in the MDHHS order. Facilities should still log their times of arrival/departure, be screened upon entry, and these individuals are still required to wear face masks while on premises. These individuals should also maintain physical distancing and follow all other infection prevention protocols. Facilities may offer to conduct point of entry testing, but testing is not required and may not be used to deny entry unless they test positive for COVID-19.

11. Who qualifies to receive compassionate care visitation?

Any resident may qualify for compassionate care visitation based upon individual need and the determination of a licensed health care professional. CMS QSO-20-39-NH includes a non-exhaustive list of when compassionate care visits may be appropriate for a resident.

12. The May 21, 2021 order indicates that mask wearing and physical distancing of at least 6 feet apart is required in circumstances where unvaccinated residents are present for **communal dining and group activities**.

This is inconsistent with CMS QSO 20-39-NH, which requirement should facilities follow to be in compliance?

MDHHS acknowledges the difference in application of infection control protocol in the instance of communal dining and group activities with CMS guidance. Facilities are to comply with the requirement as stated in the May 21, 2021 MDHHS order. To confirm, when unvaccinated residents are present, all participating residents are to mask and maintain physical distance of at least 6 feet.

Does this mean a facility may not exclude a non-vaccinated person from communal dining or activities?

Yes, every best effort must be made to allow communal dining and group activities for all residents that are not isolated or otherwise under quarantine. If there are unvaccinated individuals participating, all participants must mask and exercise physical distancing.

How does the presence of unvaccinated staff impact these activities?

Staff, regardless of vaccination status, should wear appropriate PPE while working in a facility. In general, fully vaccinated staff should continue to wear PPE while at work. However, fully vaccinated staff could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. Staff, including volunteers, should adhere to the core principles of COVID-19 infection prevention outlined in CMS QSO-20-39-NH and the CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. In scenarios in which neither MDHHS Epidemic Order or CMS QSO 20-39-NH expressly address guidance, the facility has the ability to consider their own circumstances and infection prevention and control protocol to inform operations.

13. If visitors decline to disclose vaccination status, how should facilities determine if they can remove masks in resident rooms?

Visitors in this scenario would have a vaccination status of "unknown" and facilities should follow guidance as if they are an unvaccinated individual. Facilities are permitted to inquire about vaccination status but cannot deny visitation based on vaccination status.

14. Can we require employees to give us their vaccination record or status? What do we do if they refuse?

It is not a violation of HIPPA to request vaccination status. Your facility should consult with HR and/or legal counsel to determine what level of information should be maintained in records and available to support infection prevention and control plans. Staff who refuse to disclose vaccination status are considered to be unvaccinated.

15. Are residents who have recovered from COVID exempt from needing to be vaccinated and/or considered to have natural immunity?

It is resident choice to be vaccinated, however, CDC still advises vaccination for COVID-19 recovered individuals. Residents who do not receive a vaccination in this scenario would be considered unvaccinated.

16. Should fully vaccinated residents wear a mask in the community when returning to a facility with unvaccinated staff or residents?

Facilities should educate residents about risks and infection prevention practices when venturing out in the community. Please see [Choosing Safer Activities](#), a CDC resource for additional guidance.

17. May communal dining and group activities resume during an outbreak scenario after one round of testing yields no additional positives?

Absent explicit guidance in MDHHS epidemic orders or CMS/CDC guidance, facilities have the ability to consider their own circumstances and infection prevention and control protocol to inform operations.

18. Do residents need to wear masks in the presence of unvaccinated staff?

Residents should be wearing masks as they move through the facility, including in the presence of staff and other residents. The option to remove face covering is only permitted when in a private room with no other staff/resident present and both resident and all visitors are vaccinated, and during communal dining and group activities where all participants are vaccinated.

19. Can fully vaccinated staff who are in positions that do not involve direct resident contact remove their mask?

Guidelines for employees within facilities apply to all employees, regardless of their position.

20. Do visitors have to wear face masks to enter a facility or is it based on vaccination status?

[The Core Principles of COVID-19 Infection Prevention](#) continue to include the use of face coverings except in scenarios previously noted.

21. Can a visitor go for a walk outside with a resident if the resident uses a wheelchair thereby requiring the visitor to be closer than 6 feet to push the wheelchair?

Core principals of infection prevention apply to all types of in-person visitation and include social distancing except in circumstances where all parties are vaccinated.

22. Are outdoor visitors required to wear masks?

See response #21 above.

For further information

- [CMS Visitation Guidance for Skilled Nursing Facilities](#)
- [Guidance to Protect Residents of Long-Term Care Facilities: Quarantine and Testing Protocols](#)
- [Antigen Test FAQ and Guideline](#)
- [CDC SARS-CoV-2 Antigen Testing in Long Term Care Facilities](#)
- [CMS FAQ on Antigen Testing in Skilled Nursing Facilities](#)