COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children
Effective - October 1, 2020

Revised 4.02.21
Introduction

The State will continue to prioritize protecting congregate settings, while identifying responsible and safe ways to allow family members to interact, in keeping with guidance from CMS. Facilities with vulnerable adults or children, including Nursing Care Institutions, Residential Care Institutions, Nursing Supported DD Group Homes, and ICF-IID’s should only allow visitation according to the following guidance.

Facilities should immediately allow for compassionate care visits regardless of the level of community spread. Compassionate care visits include visits for end-of-life or terminal diseases, but facilities must limit contact as much as possible. This is consistent with guidance from CMS. Compassionate care visits also include visits by necessary healthcare professionals (including medical, dental, and behavioral healthcare), clergy, and professionals assisting individuals with disabilities, including the use of licensed sign language interpreters and other communication service providers.

Compassionate care visits that occur during the substantial community spread phase should have the mitigation measures implemented that would be required during the moderate phase.

Benchmarks

There are two key components to resuming visitation. First is the quality of the establishment’s implementation of COVID-19 mitigation strategies. The second is the level of spread occurring in the community. To allow for progressive re-opening of facilities, benchmarks should be adopted following the Centers for Disease Control, the U.S. Coronavirus Task Force, and the Arizona Department of Health Services guidance as defined below:

**Minimal Community Spread:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting.

**Moderate Community Spread:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.

**Substantial Community Spread:** Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces).

<table>
<thead>
<tr>
<th>Benchmarks</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Substantial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Positivity</td>
<td>&lt;5%</td>
<td>5-10%</td>
<td>≥10%</td>
</tr>
</tbody>
</table>
Understanding the Benchmarks: Percent positivity in each county determines the community transmission rate. ADHS will be utilizing the CMS percent positivity measurement, which can be found at this link. More information can be found HERE.

<table>
<thead>
<tr>
<th>County</th>
<th>% Positivity</th>
<th>Status</th>
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<tbody>
<tr>
<td>Apache County, AZ</td>
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</tr>
<tr>
<td>Cochise County, AZ</td>
<td>5.80%</td>
<td>Yellow</td>
</tr>
<tr>
<td>Coconino County, AZ</td>
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<tr>
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</tr>
<tr>
<td>Pima County, AZ</td>
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<td>Green</td>
</tr>
<tr>
<td>Pinal County, AZ</td>
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<td>Santa Cruz County, AZ</td>
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<tr>
<td>Yavapai County, AZ</td>
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<tr>
<td>Yuma County, AZ</td>
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</table>
ADHS Requirements for Visitation at Congregate Settings for Vulnerable Adults and Children

**Visitation at Congregate Settings for Vulnerable Adults and Children**

<table>
<thead>
<tr>
<th>Community Spread Level</th>
<th>Indoor Visitation at all times for all residents if greater than 70% of residents are fully vaccinated.</th>
<th>Indoor Visitation for unvaccinated residents and with less than 70% residents vaccinated</th>
<th>Outdoor Visitation (no testing required)</th>
<th>Visits for Compassionate Care, Medical, Dental, and Behavioral Healthcare, Clergy, (no test required)</th>
<th>Offsite or community visitation</th>
<th>Symptom Screening and Cloth Face Covering for all Visitors</th>
<th>Physical Distancing (6 feet)</th>
<th>Communal Spaces Open</th>
<th>Off site medical appointments as ordered by a medical professional</th>
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</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>Yes</td>
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<tr>
<td>Moderate</td>
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<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Yes</td>
</tr>
<tr>
<td>Substantial</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: Limited outdoor visitation should only occur when outdoor temperatures are considered safe according to the patient’s or resident’s treatment plan and individual medical condition.
Long Term Care Task Force Recommendations

Summary of Changes

☑ Outdoor visitation is allowed at all times for all visitors.

☑ Indoor visitation is allowed without testing with few exceptions, during high community transmission and during an outbreak at the facility.

☑ Community spread is determined by the percent positivity of tests in each county as determined by CMS.

☑ Clarification on compassionate care visits, visits required under federal disability rights law, and other legally permissible visits regardless of outbreak status or community transmission.

☑ Requirements for visitations during a facility outbreak

☑ Screening of all visitors must continue
Long Term Care Task Force Recommendations

General COVID-19 Prevention: Facilities shall implement the following for all visitors regardless of county transmission status.

- Facilities should screen all visitors prior to entering the facility including temperature checks and symptom screening protocols. Visitors with symptoms or exposure to someone with COVID-19 infection in the prior 14 days should be denied entry regardless of vaccination status.

- Appropriate staff use of PPE.

- The facility requires mask-wearing by residents (when safe), visitors, and staff. Bandanas and neck gaiters do not qualify as face masks.

- The facility requires hand sanitizing before the visit.

- The facility maintains a visitor log for contact tracing purposes.

- The facility institutes enhanced cleaning and sanitation of the facility where the visits occur.

- Effective cohorting of residents to allow for COVID-19 care for positive residents.
Outdoor Visitation Requirements

- Outdoor visitation should be allowed during any level of community spread and should be the preferred visitation method even if both visitor and resident are fully vaccinated. Certain weather conditions and resident needs and health status should be considered when scheduling outdoor visits.

- Mask-wearing by residents (when safe), visitors, and staff. Bandanas and neck gaiters do not qualify as face masks.

- If the resident is fully vaccinated, the resident can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff.

- When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.
Long Term Care Task Force Recommendations

Indoor Visitation Requirements

- Facilities should allow indoor visitation at all times and for all residents with exceptions (See pages 11-12)

- General COVID-19 Prevention strategies are strictly followed by the facility and visitors.
  - Facilities shall enforce all required mitigation measures including face masks, hand sanitizing, screening of visitors, and social distancing. Visitors who refuse to comply with mitigation measures may be removed from or denied access to the premises.

- Facilities must allow visitation but may set their policies, consistent with CMS, CDC, and ADHS on:
  - Day and time and location of the visit
  - Number of visitors per visit
  - Total number of visits permitted by day
  - Length of visit
  - Visitor log for contact tracing purposes
  - Additional precautions determined by the facility consistent with CMS, CDC, and ADHS requirements
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 within the facility.

Federal and state surveyors and AHCCCS ALTCS case managers are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19. Surveyors/case managers should also adhere to the core principles of COVID-19 infection prevention, and adhere to any COVID-19 infection prevention requirements set by state law.

Facilities must provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident unless the representative shows signs and symptoms of COVID-19 or has a recent exposure regardless of vaccination status.

If the resident is fully vaccinated, the resident can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff.
Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff maintain a reasonable distance during visitation.

To ensure that families who work during the week have the ability to visit their loved ones, facilities shall ensure that weekends are open for visitation.

Facilities must develop visitation policies for residents that may be bed restricted and unable to attend visitation outdoors or in an identified location.

For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the infection prevention requirements for COVID-19.
Long Term Care Task Force Recommendations

Indoor Visitation Exceptions: Visitation to residents should be restricted to compassionate care visits or visits required under federal disability rights law under the following circumstances:

- 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.
- Unvaccinated residents, only if the facility’s COVID-19 county positivity rate is greater than 10% and less than 70% of residents in the facility are fully vaccinated.
Indoor Visitation During an Outbreak: Visitation can still occur in facilities when an outbreak occurs under certain circumstances. An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among residents or staff with onsets within 14 days, who are epidemiologically linked, do not share a living space. For CMS certified facilities, CMS definitions of “outbreak,” must be followed.

When an outbreak occurs, outbreak testing should be conducted and all indoor visitation should be suspended except for compassionate care visits, and visits required under federal disability rights law. Visitation can resume in unaffected areas of the facility if:

- Evidence exists that the outbreak is contained to a single area of the facility (unit, floor, etc.)
- No other cases are detected through testing in other units or areas of the facility
To help health care providers, residents, and families understand the COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children, the Arizona Department of Health Services has put together a comprehensive list of frequently asked questions (FAQs) and answers.

Testing

Who is allowed inside the home/facility without proof of a negative COVID-19 test?

Normal visits are permitted without proof of a negative COVID-19 test or proof of vaccination. Outdoor visitation is always permitted and indoor visitation is generally permitted except under certain conditions.

Therapy dogs should be permitted, however, any handler must adhere to the visitation policy.

Regulatory and investigative personnel who are not employees of the facility but ensure the health and safety of the residents, such as law enforcement, ADHS/CMS licensing surveyors, APS Investigators, and health plan quality assurance investigators, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. These agencies should adhere to your facility’s infection control policies and any other applicable guidelines (i.e. PPE, etc...), but their access should not be denied due to the pandemic.

NOTE: For facilities licensed under Title 9, Chapter 10, Article 8 (Assisted Living and Adult Foster Care Providers), in addition to the above, please remember that the Emergency Rules for Disease Prevention and Control (A.A.C. R9-10-121) require policies and procedures to be implemented for the screening of visitors and other individuals and should take into account these possibilities.
Offsite or Community Visitation

What does offsite or community visitation mean?

Offsite or community visitation means the resident leaves the facility or home into the community for various non-medical reasons such as lunch with family, shopping, or any other community activity.

If a resident goes into the community, do they have to be automatically quarantined for 14-days when they return?

Under most circumstances, no, unless the resident is directly exposed to a COVID-19 positive individual or an individual who is experiencing COVID-19 symptoms for more than 15 minutes, residents do not need to quarantined upon return to the facility. When in the community, ADHS encourages the use of masks, social distancing and sanitation precautions regardless of the vaccination status of the resident at this time.

Does a resident have to be quarantined after a community visit?

No. Executive Order 2020-22 was rescinded on April 1, 2021.
Protection and Privacy

When do I need to wear a mask?

For all visitation, both indoor and outdoor, vaccinated and unvaccinated individuals will be required to wear a cloth face covering that covers their nose and mouth at all times while they are visiting their loved ones. Visitors who are unable or unwilling to adhere to the requirements of COVID-19 infection prevention, such as wearing a mask at all times and maintaining physical distance (if required), should not be permitted to visit or should be asked to leave.

What happens if a resident is unable to wear a mask due to medical purposes, such as dementia, or is on supplemental oxygen?

We understand that there are situations where residents are unable to wear masks. In such cases, facilities shall accommodate the situation and not ban a family member or resident from visitation if the resident is unable to wear a mask. The visitor, however, is required to wear a mask at all times even when the resident is unable to.

As a resident, will I have privacy during my visitation?

Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff to maintain a reasonable distance during visitation. Visitors who are unable to adhere to the requirements of COVID-19 infection prevention, such as wearing a mask at all times and maintaining physical distance (if required), should not be permitted to visit or should be asked to leave.

What can I do to keep myself and my loved ones safe?
As recommended by the Arizona Department of Health Services, it is encouraged that visitors wear a cloth face covering, wash hands frequently or use an alcohol-based hand sanitizer, physical distance when able, and stay home if feeling symptomatic.
Visitation

What happens if the facility or home is not allowing visitation?

Contact ADHS Public Health Licensing at 602-364-2536. You can file a complaint with the Arizona Department of Health Services online 24/7 HERE. While Arizona law requires that ADHS collect a name and other required information, ADHS is permitted to keep complaints anonymous and will not disclose the source of the complaint.

What if a resident is bed restricted and cannot be moved outside for visitation?

Facilities must develop visitation policies for residents that may be bed restricted and unable to attend visitation outdoors or in an identified location. Please inquire with your facility about their specific policy.

Additionally, for situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the infection prevention requirements for COVID-19.

Can I be visited by my pastor or religious figure?

Yes. However, visitation is subject to facility policies as well i.e. wearing a mask, hand sanitizing before a visit, and completing a visitor log for contact tracing purposes.

Can the Arizona Center for Disability Law visit the facility in person?

Yes, ACDL plays an important role and must be permitted into facilities unless the ACDL staff member has an active COVID-19 case or the resident they seek to visit is actively infected.

Can Attorneys visit residents for the purposes of urgent legal matters?

Most attorneys are offering virtual services, which is preferred. However, attorney visitation should be allowed unless they are subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened.
How long can visits be?

Within reason, there is not a limit on how long a visit can be. DHS has not placed any limits on the total length of visitation. Facilities should not inappropriately limit visitation (for example limit of 15 minutes) and visitation should be allowed in living quarters with some exceptions.

Can homes/facilities choose not to allow visitation?

No. Facilities must allow visitation to the level prescribed in these guidelines.

Who can I contact if my facility is not following the visitation guidelines?

Contact ADHS Public Health Licensing at 602-364-2536 or file an online complaint.

If I am visiting, can I bring my loved one a gift or outside food/drinks (homemade or store bought)?

Yes, visitors are welcome to bring gifts or food. We know gifts can be important to both the giver and the recipient and something as small a coffee or cookie from a restaurant or made at home can brighten a resident’s day. Any gifts of food should conform to a resident’s dietary restrictions if applicable.
**Miscellaneous**

**What phase is my county in?**

Please click [HERE](#) to find what phase your county is in (minimal, moderate, or substantial).

**What if I live in an independent living facility?**

Independent Living Facilities are not regulated by the State of Arizona and are not subject to implementing this guidance from the Arizona Department of Health.

**My loved one is in a memory care facility, do these guidelines apply to memory care?**

Yes. The term “memory care,” is often used by licensed Residential Care Facilities (Assisted Living) or licensed Nursing Care Institutions (Nursing Homes, or Long-Term Care) to describe a type of service or care unit within the facility.

**Why are there various requirements for long-term care visitation while other establishments (gyms, restaurants, salons, etc.) do not have to abide by many of the same rules?**

For several months, long-term care facilities including skilled nursing facilities and assisted living facilities have strictly limited visitation to help prevent the spread of COVID-19 among residents whose ages and conditions make them especially vulnerable to the illness. The mitigation efforts of Arizonans plus the temporary visitation guidance is in place to keep our vulnerable populations safe during the COVID-19 pandemic.
What other measures have been taken by the state to keep our older population safe?

Governor Ducey on March 25 announced that Arizona received more than $5.3 million in grant funding from the Department of Health and Human Services to help Arizona communities provide meals for older adults. The dollars have supported both meal delivery programs and programs serving senior centers.

Governor Ducey on April 2 signed an Executive Order allowing pharmacists to dispense emergency refills of maintenance medications for a 90-day supply and an additional 90-day supply if needed. This action allows the elderly and at-risk Arizonans to refill a prescription while limiting their exposure to COVID-19.

The Governor on April 7 signed an Executive Order strengthening protection in residential and nursing care facilities. The order requires all staff to use appropriate personal protective equipment, implement symptom checks for those entering the facility, and offer electronic communication if visitation is restricted and more.

The Governor on May 15 announced $300,000 in funding from the AZ Coronavirus Relief Fund for organizations across the state that support senior citizens, the homebound, and those who are medically fragile. The funding supports organizations that have provided much-needed aid to vulnerable populations impacted by COVID-19, by assisting with grocery shopping, meal deliveries, transportation to medical appointments, emergency errands, and social interaction during a time of physical distancing.

Additionally, Governor Ducey on June 17 announced an additional $10 million for more masks and PPE in long-term care facilities to contain and mitigate the spread of COVID-19. On June 29, the Governor announced a grant program for long-term care facilities. Through the program, facilities will receive $10,000 for the purchase of electronic devices to facilitate video conferencing with residents and their families. This grant application is no longer accepting applications. For other grant opportunities please check HERE.