

Summary of March 10, 2021 Revised CMS Guidance on Visitation

After a year of significant limitations on visitation imposed because of COVID-19, the Centers for Medicare and Medicaid Services (CMS) issued [revised guidance](#) on March 10, 2021. The March guidance eases some of the restrictions on general indoor visitation, while maintaining much of the guidance from September 17, 2020.

Key Takeaways for Residents and Their Families

Positive Points/Changes

- Residents should be able to visit more with their loved ones inside the facility since there are now fewer circumstances under which indoor visitation can be completely suspended.
 - High county positivity rates can limit visits only for unvaccinated residents and only when the level of vaccinated residents is less than 70%.
 - A single case of COVID will no longer automatically shut down the entire facility for 14 days.
- Fully vaccinated residents can touch and hug their visitors as long as they wear masks and perform hand hygiene.
- CMS continues to emphasize that facilities **shall** not restrict visitation without a reasonable clinical or safety cause, and that nursing homes **must** facilitate in-person visitation consistent with the federal nursing home regulations.

Concerns

- No changes were made to the guidance to make it easier for residents to receive visits from family or others who wish to provide assistance with eating, hygiene or other tasks, and/or emotional support/companionship.
- Visits can still be limited. Facilities can limit the number of visitors, the length and frequency of visits, visitor movement, and more.
- Nursing homes continue to have a great deal of discretion in allowing visits, including compassionate care visits.

Highlights from the March 10, 2021 CMS Memo

New guidance is indicated in **red**.

All Visitation

- Visits should be person-centered and “consider the resident’s physical, mental, and psychosocial well-being, and support their quality of life.”
- The [Core Principles of COVID-19 Infection Prevention](#) must be followed during all visits.

Outdoor Visitation

- Outdoor visitation is preferred even when the resident and visitor are fully vaccinated. Visits should be held outside whenever practicable.
 - Factors that may hinder outdoor visits include weather or an individual’s health status.

Indoor Visitation

- **Facilities should allow indoor visitation at all times and for all residents except in specific circumstances.**
 - **Two major restrictions to indoor visitation**
 1. Visits are restricted for certain **individuals**:
 - Unvaccinated residents if the nursing home's COVID county positivity rate is greater than 10% AND less than 70% of the residents in the facility are vaccinated.
 - Residents with confirmed COVID-19 infections (vaccinated or unvaccinated).
 - Residents in quarantine (vaccinated or unvaccinated).

2. Visits may be restricted under certain circumstances **during an outbreak.**

Outbreaks occur when there is a new "nursing home onset" of COVID-19 among residents OR staff.

When there is a new case of COVID-19 among residents or staff, visitation should be suspended, and outbreak testing should begin immediately.

Resumption of visitation depends on the results of outbreak testing:

First Round

- If the first round of testing reveals no additional cases in other areas of the facility:
Visitation can resume in those areas with no cases. Visitation should be suspended in the affected area until the facility meets the criteria to discontinue outbreak testing. (Criteria: when testing finds no new cases among staff or residents for 14 days since the last positive result.)
- If the first round reveals one or more cases in additional areas of the facility (new cases in two or more units):
All visitation should be suspended for vaccinated and unvaccinated residents until the facility meets the criteria to discontinue outbreak testing.

Subsequent Rounds

- If subsequent rounds of testing find one or more additional cases in other areas:
All visitation should be suspended until the facility meets the criteria to discontinue outbreak testing.

Exceptions: Compassionate care visits and visits under federal disability rights laws should continue regardless of outbreak status.

- **Additional limitations on indoor visitation**
 - The number of visitors per resident may be limited based on the size of the building and physical space to maintain the Core Principles of COVID-19 Infection Prevention.
 - Length of visits may be limited and scheduled by the facility to ensure all residents have visitors.
 - Visitor movement within the facility should be limited.
 - If possible, residents with roommates should not have visits inside their rooms.
 - If a resident has a roommate and the health status of the resident prevents them from leaving the room, facilities should attempt to enable in-room visitation adhering to the Core Principles of COVID-19 Infection Prevention.

Physical Contact

- Residents and family are advised to continue to maintain 6 feet of distance.
- Residents that are fully vaccinated can have close contact, including touch, with visitors – while wearing a face mask and practicing hand hygiene.

Testing and Vaccinations for Visitors/Representatives of Long-Term Care Ombudsman Program and Protection and Advocacy Systems

- Facilities are encouraged, but not required, to offer testing to visitors. Facilities may encourage visitors to get tested on their own.
- Visitors are encouraged to get vaccinated.
- Visitors **should not be required to be tested or vaccinated as a condition of visitation** (or show proof of testing or vaccination).
- Long-term care ombudsmen and protection and advocacy representatives should not be required to be tested or vaccinated.

Compassionate Care Visits

- The need for the visit should be determined through a person-centered approach. Anyone who can meet the resident's needs can make a compassionate care visit.
- Compassionate care is not limited to end of life; examples of scenarios are provided.
- Visits should be allowed at all times – regardless of resident's vaccination status; resident's COVID status; outbreaks; and the county's positivity rate.
- Social distancing must be maintained with the following exceptions:
 - Contact can occur if the approach is determined with the facility and infection prevention guidelines are followed.
 - **If the resident is fully vaccinated, wears a face mask, and performs hand hygiene, they can choose to have close contact, including touch.**

Required Visitation

- Facilities:
 - **SHALL** not restrict visitation without a reasonable clinical or safety cause.
 - **MUST** facilitate in-person visitation consistent with applicable CMS regulations.
- Failure to facilitate visitation without adequate reason would constitute a potential violation of 42 CFR §483.10(f)(4), and the facility would be subject to citation and enforcement actions.
- Residents who have COVID-19 should only receive in-person compassionate care visits, virtual visits, or window visits until they are COVID-19 free.

Access to the Long-Term Care Ombudsman

- The facility must provide ombudsman program representatives with immediate access to any resident. In-person access may be limited due to infection control concerns, transmission of COVID-19, **and/or other situations limiting indoor visitation described above** – but not without reasonable cause.
- If in-person access is not permitted, other forms of communication must be allowed, such as phone or other technology.

Federal Disability Rights Laws and Protection & Advocacy Programs

- Protection and Advocacy Programs: Representatives are allowed immediate access, which includes in-person access.
- Visitation under Federal Disability Rights Laws: Facilities must comply with federal disability rights law to ensure residents have equal access to care. For example, these laws permit a person to enter the facility to interpret or facilitate communication if a resident: requires assistance to ensure effective communication; such assistance is not available onsite; and this assistance cannot be provided without the person coming into the facility.
 - Nursing homes can impose legitimate safety measures – such as requiring adherence to COVID 19 infection prevention.
- **Questions about non-CMS requirements should be referred to the U.S. Department of Health and Human Services Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agencies.**

Entry of Non-Facility Healthcare Workers and Other Providers of Services

- These individuals (e.g., hospice workers, EMS personnel, dialysis technicians, etc.) are permitted to come in if they are not subject to a work exclusion due to exposure to COVID-19.
- CMS does not recognize essential caregivers as a special category of visitors.

Communal Activities and Dining

- Communal activities and dining may occur while adhering to the Core Principles of COVID-19 Infection Prevention.

Survey Considerations

- **Federal and state surveyors are not required to be vaccinated.** They must be permitted entry into facilities unless they have signs or symptoms of COVID-19 and should adhere to principles of COVID-19 infection prevention.

