



VISITATION IN LONG-TERM CARE FACILITIES SUMMARY OF CURRENT GUIDANCE and FREQUENTLY ASKED QUESTIONS

This document is designed to answer questions about the recent revision of visitation restrictions in long-term care facilities. It also provides information about revised quarantine requirements for residents who leave and then return to the long-term care facility.

The information in this document is based on a new **NJ Department of Health (NJ DOH) Visitation Memo** released on March 22 https://nj.gov/health/legal/covid19/3-22-21_Memo_StandardsProtocolsVisitorsFacilityStaff.pdf

It is also based on a **revised risk assessment tool from the NJ Department of Health** about how to assess the risk of residents leaving long-term care facilities https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf

On March 13, 2020, the federal Centers for Medicare and Medicaid Services (CMS) and the NJ Department of Health suspended visitation in long-term care facilities in New Jersey. In the months after that, the state began to allow for some visitation.

Today, there are four types of visitation permitted:

1. **End of life visits**, which can occur at any time, in the resident's room, even when the facility is experiencing an outbreak.
2. **Compassionate care visits**, which can occur at any time, in the resident's room, even when the facility is experiencing an outbreak.
3. **Essential caregiver visits**, which only stop when there is a positive test in the facility but can resume if the facility goes 14 days without another positive test and can occur in the resident's room.
4. **Social Indoor visitation**, which allows the resident to visit with anyone they choose including friends, family members, or caregivers. Can occur in the resident's room or apartment but may have to occur in a separate visitation area unless the resident has a vaccinated roommate and the roommate consents.

Under its **Executive Directive for the Resumption of Services in all Long-Term Care Facilities 20-026**, the NJ DOH has also set up a phased system for long-term care facilities to gradually

reopen visitation and activities. <https://www.state.nj.us/health/legal/covid19/8-20-ExecutiveDirectiveNo20-026-LTCResumption-of-Svcs.pdf> Outdoor visitation is always allowed. With regard to indoor visitation and other activities, here is what has been permitted in each phase:

Phase 0 – Only end of life, compassionate care and essential caregiver visits (after no new cases are identified for 14 days).

Phase 1 – Only end of life, compassionate care and essential caregiver visits. Also, limited communal dining and activities resume.

Phase 2 – End of life, compassionate care, essential caregiver visits. Also, indoor social visitation begins/resumes as do limited communal dining and activities. Non-essential personnel and contractors permitted but limited.

Phase 3 – Resume full indoor visitation with screening, resume group activities, permit limited communal dining, admit volunteers. NJ has not reached this stage.

With the issuance of new NJ DOH Visitation Memo dated March 22, all four types of visitation are allowed in ANY PHASE, (except for COVID-19 positive residents or units) but social indoor and essential caregiver visits can be paused if a new case or cases are identified and outbreak testing has begun.

WHAT'S NEW?

- The new NJ DOH Visitation Memo clearly states that every long-term care resident has a right to social indoor visits. This may include anyone of the resident's choosing including grandchildren. This is new and comprehensive. Residents who have COVID-19 or who are in quarantine are exempt.
- Both fully vaccinated (two weeks after final dose) and unvaccinated or partially vaccinated residents have a right to have social indoor visits. Unvaccinated or partially vaccinated residents may have their visits restricted if fewer than 70 percent of the facility's residents are vaccinated AND the CALI (COVID-19 Activity Level Index) score in that region is high or very high.
- High CALI scores (the rate of infection in each region) alone don't automatically shut down social indoor visitation. Social indoor visitation is allowed in areas with high CALI scores.
- Social indoor visits can occur at any phase of reopening, including Phase 0 and 1. Previously they were only allowed in Phase 2 or 3.
- A positive case in one section of the long-term care facility no longer requires the facility to suspend visitation for the entire facility for 28 days. Instead, when a positive case is identified, visitation is suspended while facility-wide testing is completed, and if it

appears that the virus did not spread to other units, those unaffected units can resume visitation.

- In addition, the affected unit may resume social indoor visitation after only 14 days from the last positive test. It doesn't matter if the facility is currently considered in outbreak status and is on the statewide outbreak list.
- When you visit your loved one, you can touch and hug them as long as they are fully vaccinated, and you and the resident are wearing a well-fitting mask (a surgical mask is sufficient).
- According to the revised quarantine guidance and risk assessment, high CALI scores cannot be used as the sole reason to require residents to quarantine upon returning to the facility when they leave the facility for any reason.
- Fully vaccinated residents who leave the facility for any reason can only be required to quarantine if they have had prolonged exposure to someone with COVID-19.

WHAT HAS NOT CHANGED

- SCHEDULING – Both the federal and state guidance allow long-term care facilities to schedule visits, limit the number of people in the building, and limit the number of visitors for each resident. Scheduling is not required, but it is permitted.
- SCREENING – All visitors must be screened and must follow safety protocols including wearing a well-fitting mask at all times.
- COMPASSIONATE CARE VISITS – Facilities are still encouraged to allow Compassionate Care visits for residents whose mental and/or physical condition is declining, who have recently lost a loved one, who need encouragement to eat or drink, or who are losing weight. This is not an all-inclusive list of circumstances for compassionate care visits. Facilities should consider each situation in a person-centered manner.
- ESSENTIAL CAREGIVERS – The resident, or their representative, is still permitted to designate one or more individuals to act as their Essential Caregivers. These individuals assist with the resident's care needs and can visit as often as twice a week for up to two hours per visit in the resident's room.
- REGIONAL CALI SCORE – New Jersey is still utilizing the COVID-19 Activity Level Index (CALI) score to determine community infection rates. This score is a combination of three factors: the COVID-19 case rate per 100,000 people; the incidence of COVID-19-like illnesses; and the COVID-19 test positivity rate. This information is updated weekly and can be found here: <https://www.nj.gov/health/cd/statistics/covid/>

FREQUENTLY ASKED QUESTIONS

TIMELINE

When is this new NJ DOH Visitation Memo effective?

All long-term care providers licensed by the NJ Department of Health (NJ DOH) received this guidance on March 22 and were briefed by the NJ DOH on this guidance on March 24. Providers were instructed to plan to implement these provisions immediately. They were told to give the NJ DOH 24 hours' notice via email when they are prepared to reopen for social indoor visitation.

Long-term care facilities should be communicating with residents and their families and caregivers now to explain how and when visitations will occur. Reopening social indoor visitation when they meet the criteria is not optional for long-term care facilities, it is a requirement.

VISITATION ELIGIBILITY/BASICS

Why do indoor social visits stop when a staff member tests positive?

Because COVID-19 still presents a significant risk to LTC residents, any time there is one positive test result among staff or residents, the facility must start testing everyone in the facility. During that time, visitation and activities will be temporarily paused, until the facility can figure out if anyone else in the facility was exposed.

So, even if one staff person tests positive, a round of *investigative* testing is done. This testing may still be referred to as “outbreak” testing by facilities due to the language in the Executive Directive. If two staff test positive, it is considered an official *outbreak* by the Local Health Department and outbreak testing must occur. Either way, visitation and activities are paused.

Additionally, if one resident who has been in the facility for at least 14 days tests positive, it is considered an official outbreak by the Local Health Department and outbreak testing must occur and visitation and activities are paused.

What is an outbreak? What is outbreak testing?

The definition of an outbreak of COVID-19 is 1 or more facility onset case of residents, which means a confirmed diagnosis in a resident that was not admitted within the last 14 days (where they could have been exposed prior to admission), or when 2 or more health care professionals receive lab-confirmed diagnosis within a 14-day period.

Whether it is for an investigation (1 staff positive result) or an outbreak (2+ staff positive or 1+ resident positive), when a new case of COVID-19 is identified in a facility, immediate facility-level testing is imperative to assist with containment and response.

When this happens, facilities are recommended to work with their Local Health Department and to:

- Immediately perform expanded viral testing (either rapid test or via commercial laboratory) of all residents who have not been previously positive within the past 90 days.
- Repeat the expanded viral testing every 3-7 days of all residents who have not been previously positive within the past 90 days.
- Continue to test staff every 3-7 days.
- Continue to test all residents (who have not tested positive in the previous 3 months) until at least 14 days have elapsed since the most recent positive result and during this 14-day period at least two weekly tests have been conducted with all individuals testing negative.

Visitation impact:

Facility should **suspend visitation on the affected unit** until the facility no new cases identified in staff or patients/residents for 14 days. If the **first round of testing (performed on day 3-7)** reveals no additional cases in **other areas** of the facility, then visitation can resume for those areas/units with no cases.

For the full list of outbreak definitions, including investigation thresholds, please see the NJ COVID-19 Disease Chapter (p13-14) at:

https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf.

Can the facility use rapid tests for outbreak testing? If so, shouldn't they be able to restore or establish social indoor visits in unaffected areas within a day or two?

Yes, LTC facilities are able to use rapid tests to conduct outbreak testing and this will make it possible to determine quickly whether the virus has spread to other areas.

The administrator in my loved one's facility says the facility is in Phase 0 and so they can't have social indoor visitation. Is that correct?

Not necessarily. The new NJ DOH Visitation Memo states that indoor visitation is allowed for residents regardless of vaccination status and in all phases of reopening. An investigation or outbreak requires facility-wide testing and a pause of social indoor visitation.

So, a facility could be in Phase 0 and on the NJ DOH outbreak list but if they have not had a positive test result in 14 days, they can schedule social indoor visitation and resume essential caregiver visits.

How does the CALI score affect my ability to visit?

The CALI score only affects unvaccinated residents' visitation options.

The NJ DOH Visitation Memo states that all vaccinated residents have a right to have visitors as long as the resident is not COVID-19 positive or in quarantine. Unvaccinated residents also have a right to have visitors. However, if unvaccinated residents live in a facility where 1) the CALI score is high or very high and 2) where fewer than 70 percent of the residents are vaccinated, they may not be able to have indoor visitors. (Both of these conditions must be met, however, in order to restrict visitation for an unvaccinated resident.)

VISITATION SCHEDULING

Can I now drop by and visit my loved one?

Probably not yet, as many facilities may be scheduling visits in advance in accordance with federal and state guidance. Both the federal and state guidance state that long-term care facilities should “consider the number of visitors per resident at one time and the total number of visitors in the building at any time.” As such, the guidance states that the “Facilities should consider scheduling visits for a specific length of time to ensure all residents are able to receive visitors.”

Your facility should have a plan for how they are going to accommodate social indoor visits. You should contact your facility and request a social indoor visit with your loved one as soon as possible. The facility is not required to schedule these visits, but that is how most facilities are handling them.

Why do I have to schedule a visit?

You may not have to. This is not required in the federal guidance or NJ DOH Visitation Memo. However, the Memo gives that discretion to the long-term care facility in order to ensure that all requests for visitation can be accommodated safely.

I work full-time, can I visit my loved one during the evening and on weekends?

Because every resident is entitled to visitors of their choosing, the long-term care facility should allow you to visit during these times. Again, your facility may be using a scheduling system, so you should inform them of the hours you are available to visit and they should accommodate your request.

How many people can visit at a time?

The NJ DOH Memo does not limit how many visitors can be permitted at a time. However, the facility must have enough staff, space, PPE, and cleaning materials to safely accommodate the volume of visitors. Facilities may establish a limit on the number visitors each resident can have at one time in order to comply with this requirement. You should contact your facility in advance of your anticipated visit to learn more about their individual restrictions.

The facility administrators say they don't have enough staff to schedule regular visits with family. Can they do that?

LTC facilities are required to have enough staff to care for their residents and to accommodate social indoor visitation. And 1-on-1 supervision is not required for any kind of visit. So, lack of staffing should generally not be considered a reason to deny visitation. However, depending on the resident's living situation, you may need to schedule your visit.

It is a good idea to discuss your visitation expectations with the long-term care facility administration so that you can make an informed decision about how to conduct safe visits that are beneficial to the resident.

If your facility says they do not have adequate staffing and this problem persists, you should report them to the NJ Department of Health at ltc.complaints@NJ.DOH.nj.gov or call the NJ DOH at 1-800-792-9770.

VISITOR ENTRY, ACCESS, AND SUPERVISION

Must all visitors be tested or vaccinated?

Visitors are not required to be tested or vaccinated. They are all screened, including having their temperature taken and filling out a questionnaire.

Can a long-term care facility keep me from visiting my loved one because they don't have enough rapid tests?

No. You will need to be screened and assessed but you are not required to be tested.

Can children now visit long-term care facilities?

Children over the age of 2 can visit. Children must be able to wear a well-fitting mask and abide by social distancing requirements. Additionally, they must be supervised by an adult at all times.

Can I visit in my loved one's room?

Yes, for essential caregivers and for compassionate care visits. But, for social indoor visits, it depends. If your loved one lives in a private room, the facility should be able to accommodate your request. However, if your loved one has a roommate, you will likely have to conduct your social indoor visit in an area of the facility that is designated for visitation. If both your loved one and the roommate are vaccinated and both consent to in-room visitation, the facility should try to accommodate the residents' request for in-room visitation.

My sibling is visiting from out of state, can they visit my parent indoors? Outdoors?

The guidance on this is continually changing. At this point, if you are **fully vaccinated and asymptomatic**, you do not need to quarantine if you are coming in from out-of-state for a visit with a loved one in a long-term care facility. However, if you are unvaccinated, you are required to quarantine before visiting if you are not coming from the neighboring states of New York, Connecticut, Delaware and Pennsylvania and do not meet exceptions outlined in current travel restrictions.

If both the visitor and the resident are not fully vaccinated, outdoor visits are preferred.

Please review recently updated travel restrictions: <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey>

Recommended Minimum Quarantine Timeframes:

https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_updated_quarantine_time_frames.pdf

What about family coming in from out of state for end of life visits? Can those visits be scheduled indoors?

The LTC facility should work with the family to facilitate a safe indoor visit when the resident is nearing end of life, regardless of the vaccination status of the visitor or the resident. Because of the nature of these visits, LTC facilities should allow for extended visitation periods for family and friends. Family members should expect that there may be some reasonable limits on the number of people who can visit at one time and must abide by all safety measures.

Since I can hug my vaccinated loved one, why do I have to abide by social distancing requirements during my visit?

The power of touch is critical to the well-being of residents in long-term care; that is why this provision was included in the NJ DOH Visitation Memo. Still, the protocols in place are there to *minimize* the risk to your loved one and other residents. For this reason, all visitors must wear a well-fitting mask 100 percent of the time, hand-hygiene is required and social distancing should be practiced as much as possible.

Can a resident have more than one person designated as their essential caregiver, or more than one person approved for compassionate care visits?

Yes, a resident – or their representative – can designate more than one person to provide essential care and compassionate care visits. The facility should work cooperatively with the resident and the family to work out a schedule to accommodate both essential caregivers and people who are approved to make compassionate care visits.

How does this new NJ DOH Visitation Memo impact outdoor visits? Are they still required? Is social distancing required?

Outdoor visits are permitted for all residents except those who are COVID-19 positive or in quarantine. In fact, outdoor visits should be encouraged, and facilities should provide ample, comfortable space for these visits and should schedule them during hours that are convenient for potential visitors. While staff need to be available during outside visits, not every resident requires a staff person to be with them during the visit. Currently, social distancing is still required, although physical touch is permitted for fully vaccinated residents.

Does a staff person have to supervise or chaperone our indoor visit?

This is not required. You should be able to have private time with your loved one. However, the facility may want to be able to observe briefly to ensure that safety protocols are followed.

RESIDENT FREEDOM WITHIN THE FACILITY

Why do residents have to stay in their room for weeks on end?

Nothing in the NJ DOH guidance requires that residents stay in their rooms except where there are active cases in the area of the facility in which they reside. Even when a facility is conducting outbreak testing, residents (except those who are COVID-19 positive or are in quarantine) can leave their rooms for short periods of time or be escorted around the facility grounds to get some fresh air. Under the existing guidance, group activities can be “limited”, and residents can be “encouraged” to stay in their rooms.

Why isn't my facility hosting any group activities or meals?

Currently, these communal activities can only resume in Phase 2. However, as indicated previously, the NJ DOH is revisiting these phases in light of the increased number of residents who are fully vaccinated. And the current Executive Directive states that group activities can be “limited”, and residents can be “encouraged” to stay in their rooms.

There is no reason why fully vaccinated residents cannot leave their rooms individually or be permitted to gather in very small groups in very large communal areas, inside and outside, separated by at least six-feet and wearing a mask at all times. Facilities should try to develop strategies to allow residents to spend time with each other in the safest way possible.

As part of their work to revise Executive Directive 20-026, it is expected that the NJ DOH will change the communal activities requirements.

Why can't the facility hair salon reopen?

Beauticians and barbers who come in from the outside are currently considered outside contractors and thus are not allowed into a facility until it is declared completely out of

outbreak status. Many facilities are improvising and are providing for outdoor hair care services. However, there is no reason why fully vaccinated residents capable of attending an outside hair appointment with proper precautions cannot do so. The NJ Department of Health is revisiting the current Executive Directive and the guidance on this issue may change.

Can my loved one visit with a friend in another room? They are both fully vaccinated. Can married couples who are living in different sections of a facility (different levels of care) and are fully vaccinated visit with each other now?

Residents who are eligible for outside social visitation should be able to visit with each other as a result of the NJ DOH Memo. The facility may wish to also schedule these visits if the facility is doing outbreak testing.

QUARANTINE RULES FOR RESIDENTS

Why does my loved one have to quarantine every time they leave the facility?

Residents may not have to quarantine every time they return to the facility, especially if fully vaccinated. The federal Centers for Disease Control and Prevention (CDC) requirements on this have recently changed.

CDC has recently stated that **fully vaccinated** residents who are new admissions or existing residents who go out of the facility for any period of time or for overnight do not necessarily have to quarantine upon their return if they have not had prolonged close contact with a suspected or confirmed case. (See decision tree in risk assessment protocol link below.)

Specifically, the CDC defines prolonged close contact as 15 cumulative minutes of exposure at a distance of less than 6 feet to an infected person during a 24-hour period (See decision tree in risk assessment protocol link below.)

For **unvaccinated residents**: In situations where residents need to routinely leave the facility (e.g., to attend doctor's appointments, dialysis treatments, out-patient procedures) the facility should utilize the risk assessment tool. The risk assessment should include factors such as community transmission; infection prevention and control compliance from transport personnel, and the presence of COVID-19 positive cases(s) at the sending and/or receiving facility. The CALI score should not be the sole determinant, however.

https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf

My loved one is on dialysis and is constantly on quarantine. Does this mean they cannot have any indoor social visits?

If a resident is fully vaccinated and has not had contact with a suspected or confirmed case of COVID-19, the resident does not need to automatically quarantine. Indeed, the CDC recently stated that the adverse impact of continual social isolation outweighs the benefit of quarantine.

For unvaccinated residents, the facility should be using the same risk assessment that they use for people who go out for other medical appointments or outings, found on the NJ DOH website:

https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf

The facility should work with residents to try to accommodate their right to have the visitors of their choice. If the facility refuses to make this accommodation, contact the NJ Department of Health or the NJ Office of the Long-Term Care Ombudsman.

STAFF VACCINATION

Why isn't the state requiring LTC staff to get vaccinated? Can private companies require their staff to get vaccinated?

Although there is no statewide mandate for LTC staff to receive the COVID-19 vaccination, employers are permitted to mandate vaccination based on recent EEOC guidance. This guidance states that employers have the right to mandate vaccination, with certain exemptions, if there is a significant threat to their patients or residents. The guidance can be found here: <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>. LTC facilities should continue to educate, encourage staff to be vaccinated. The NJ DOH provides electronic educational resources that can be found in the HealthCare Provider Toolkit at: <https://www.nj.gov/health/ltc/>.

The vaccination rate among residents at my facility is low. Why? What is NJ DOH doing about this?

Some long-term care facilities that were recently in outbreak status may not have been able to vaccinate as many people as others due to illness in the building. The initial vaccination program for long-term care provided for 3 clinics for each facility. Many of these clinics have concluded.

The NJ DOH is now partnering with long-term care pharmacy providers to deliver vaccines to long-term care residents and staff. This vaccine maintenance program has already begun.

ENFORCEMENT

What consequences do facilities face if they just choose not to follow this the NJ DOH Visitation Memo or the new quarantine guidelines?

The NJ Department of Health licenses and regulates long-term care facilities. The NJ DOH enforces federal CMS nursing home regulations. If a nursing home does not abide by the NJ DOH Visitation Memo or Executive Directive 20-026 and, in doing so, violates the federal nursing home regulations, they will be issued a "deficiency" which must be remedied or they will face a fine or they will have their admissions curtailed. This is also true of Assisted Living

Residences, Residential Health Care Facilities, Comprehensive Personal Care Homes, and Dementia Care Homes which are licensed by NJ DOH under state law and must abide by all NJ DOH Directives and Memos.

If you believe that a long-term care facility is not following the NJ DOH Executive Directive 20-026 or the new NJ DOH Visitation Memo, file a complaint with the NJ DOH at lrc.complaints@doh.nj.gov or call 1-800-792-9770.

If you wish to have someone advocate for your right to have visitors or to visit a loved one in a long-term care facility, call the NJ Office of the Long-Term Care Ombudsman at 1-877-582-6995. <https://www.nj.gov/ooie/contact.shtml>

RESOURCES

Below are the six resource documents that guide how long-term care facilities must allow for visitation and when they can require that a resident quarantine.

1. The NJ DOH Long Term Care landing page: www.nj.gov/health/lrc
2. On March 10, the federal Centers for Medicare and Medicaid Services (CMS) relaxed visitation restrictions in nursing homes that had been in place for nearly a year as a result of the COVID-19 public health emergency. <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>
3. On March 22, with outbreaks steeply declining in long-term care facilities, the NJ Department of Health (NJ DOH) issued a MEMO revising its own visitation guidelines to complement the new federal guidance. https://nj.gov/health/legal/covid19/3-22-21_Memo_StandardsProtocolsVisitorsFacilityStaff.pdf
4. This new NJ DOH Memo supplements and is meant to be used in conjunction with NJ DOH Executive Directive 20-026, Resumption of Services in all Long-Term Care Facilities. Note: the sections that relate to visitation start on page 24. https://www.state.nj.us/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf
5. New Jersey is still utilizing the COVID-19 Activity Level Index (CALI) score to determine the amount of virus in the community. This score is a combination of three factors: the COVID-19 case rate per 100,000 people; the incidence of COVID-19-like illnesses; and the COVID-19 test positivity rate. This information is updated weekly and can be found here: <https://www.nj.gov/health/cd/statistics/covid/>

6. All residents who leave a long-term care facility for any reason should be assessed to determine if they need to quarantine upon their return. See this COVID-19 Exposure Risk Assessment Template for Patients in Post-acute Care Settings.

https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf