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GUIDANCE FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

Issued: April 2, 2021, Updated April 16, 2021, Updated June 7, 2021

The Department of Health (DOH) has identified target goals for the vaccination of staff and clients/clients/residents in ICF/IIDs and has amended its' visitation procedures accordingly. Facilities should continue to refer to the Core Principles of COVID-19 Infection Prevention below, unless otherwise directed in this document. The following guidance for ICF/IIDs should be used in conjunction with facility (ICF/IIDs) policies, relevant CMS guidance and requirements, as well as CDC recommendations. DOH encourages all clients/residents and staff to become vaccinated when they have the opportunity. See link for recent Interim Final Rule requiring the offering of vaccination to staff and clients as well as COVID-19 vaccination education in ICFs/IID: IFC-COVID-19 Vaccine Requirements for LTC and ICFs/IID Residents, Clients, and Staff.

80% OF STAFF **90% OF CLIENTS/RESIDENTS**

KEY CHANGES

In-Room Visits
- **A fully vaccinated client/resident and fully vaccinated visitors may have in-room visits without supervision**

Fully Vaccinated Staff
- **No routine testing requirements**
- **Can congregate with other vaccinated staff members without PPE**

Fully Vaccinated Clients/Residents
- **No routine testing requirements**

CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION

✓	Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
✓	Hand hygiene (use of alcohol-based hand rub is preferred).
✓	Face covering or mask (covering mouth and nose). Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

✓	Social distancing at least six feet between persons, according to the CDC guidance.
✓	Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
✓	Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
✓	Appropriate staff use of Personal Protective Equipment (PPE).
✓	Effective cohorting of clients/residents (e.g., separate areas dedicated COVID-19 care).
✓	Movement of visitors in these facilities should be restricted. Visitors should limit their movement to see only the client/resident they are visiting and should not go to other locations in the facility.
✓	Resident and staff testing conducted as required by ICF Testing Guidance for Intermediate Care Facilities.
✓	Limiting and monitoring points of entry to the facility.

Fully vaccinated is defined as a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.

ACTIVITY	*Vaccinated Clients/Residents*	*Unvaccinated Clients/Residents*
Group Activities	If all clients/residents participating in the activity are fully vaccinated, they may choose to have close contact and not wear masks during the activity.	If unvaccinated clients/residents are present, then all participants in the group activity should wear a mask and unvaccinated residents should social distance.
Communal Dining	Fully vaccinated clients/residents can participate in communal dining without use of PPE or social distancing.	If unvaccinated clients/residents are dining in a communal area all clients/residents should use PPE when not eating and unvaccinated clients/residents should continue to social distance.
In-Room Visits	Fully vaccinated clients/residents and fully vaccinated visitors may have unsupervised in-room visits with close contact and without PPE. Also, see "Indoor Visitation Plan" below.	Visits must occur in designated visitation area with appropriate PPE and social distancing. Except Compassionate Care Visits. Also, see "Indoor Visitation Plan" below.
Group Transportation	Clients/Residents wear masks that completely cover the mouth and nose.	Clients/Residents wear masks that completely cover the mouth and nose.

	≥ 80% Staff Vaccination Rate	*< 80% Staff Vaccinate Rate*
Tours	Allowed with no restriction on the number of tours	No tours allowed

	Vaccinated Staff	*Unvaccinated Staff*
Testing	No routine surveillance testing requirements	See ICF Testing Guidance
Congregating	Vaccinated staff may congregate in breakrooms	Must maintain social distancing with appropriate PPE.

Facilities should continue to promote and provide education and vaccinations for staff and clients/residents.

VISITATION

Visitation Process Requirements

- ✓ Facilities must establish and maintain a schedule of visitation.
- ✓ Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
- ✓ Please see CDC recommendations for best practices when engaged in in-room visitation.
- ✓ Visitors are restricted from walking around the facility and can go into a designated visitor room, or into a resident's private room if the resident and visitor are fully vaccinated. In-room visits maybe made without supervision. Following the visit, visitors must immediately leave the facility through the designated exit.
- ✓ Facilities must maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.
- ✓ Facilities must have a process for screening all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation.
- ✓ Locations for visitation (both indoor and outdoor) must be designated beforehand.
- ✓ Facilities must have adequate staff present to allow for safe transit of clients/residents to the designated visitation location, in-person monitoring of visitation when required, and environmental cleaning and disinfection after visitation.
- ✓ Safe transport means that the resident should wear a facemask to prevent viral shedding and cannot be transported through any space where clients/residents with suspected or confirmed COVID-19 are present.
- ✓ Monitoring visits is required for unvaccinated clients/residents and their visitors and should be performed by a staff member trained in patient safety and infection control measures. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy.
- ✓ Facilities must have adequate PPE to provide clients/residents, staff, and visitors (who do not arrive with a cloth face covering) with a facemask during the visit and during transit to/from the visitation site.
- ✓ Staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask. Staff must provide the alcohol-based hand sanitizer.
- ✓ Facilities must clean and disinfect all touched surfaces prior to and after each visit.
- ✓ ICF/IID facilities should promote and may not restrict visitation without a reasonable clinical or safety cause, consistent with requirements at 42 CFR 483.420(a) (“Standard: Protection of clients’ rights.”) and 42 CFR 483.420(c) (“Standard: Communication with clients, parents, and guardians.”)
- ✓ Where accommodations to meet the specific needs of a client/resident prevent implementation of a

protective measure, additional levels of protection should be addressed in a person-centered manner. For example, touch-based communication may be necessary for clients/residents with combined hearing and vision impairment, but increased use of touch-based communication may necessitate higher levels of hand hygiene, respiratory protection and/or other protections that may be appropriate in such situations. Also, ICF/IIDs should enable visits to be conducted with an adequate degree of privacy. Visitors who are unwilling to adhere to the recommended principles of COVID-19 infection prevention should not be permitted to visit in person or should be asked to leave. Additionally, visitation should be person-centered, supportive of quality of life, and considerate of clients'/residents physical, mental, and psychosocial well-being. By following a person-centered approach and adhering to these recommended principles, visitation can occur more safely based on this guidance.

- ✓ For those clients/residents that test positive for COVID-19 infection, facilities should implement one or more of the following options:
    - Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
    - Creating/increasing listserv communication and website notifications to update families and caregivers, or outside HCPs, such as advising them not to visit when circumstances require.
    - Assigning dedicated staff as primary contacts to families and caregivers for inbound calls and conduct regular outbound calls to keep families and caregivers up to date.
    - Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, COVID-19 infection status, and when it will be safe to resume visits.

Visitation During an Outbreak

An outbreak exists when a new onset of a COVID-19 case occurs (i.e., a new COVID-19 case among clients/residents or staff). This guidance describes how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility.

When a new case of COVID-19 among clients/residents or staff is identified, a facility should immediately begin outbreak/hot spot testing and suspend all visitation (except compassionate care or end of life visits), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

VISITATION DURING AN OUTBREAK

- **If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for clients/residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.**
    - **For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for clients/residents in areas/units with no COVID-19 cases.**
    - **If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitations for all clients/residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.**

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks, and current staff vaccination rate), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

Outdoor Visitation

Outdoor visitation is preferred even when the resident and visitors are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

Indoor Visitation Plan

In the event a new COVID-19 positive case is identified all visitation must stop until the Outbreak criteria are met.

Exception: Compassionate Care/End of Life visits are always allowed.

Facilities should allow indoor visitation at all times and for all clients/residents (regardless of vaccination status), **except** for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). Indoor visitation should only be restricted based on the chart below:

Indoor Visitation Not Allowed For	When	Visitation
Unvaccinated Clients/Residents	The facility's COVID-19 county positivity rate is >10% **and** < 70% of clients/residents in the facility are fully vaccinated	Closed window or virtual visits only. Frequency determined by the facility based on an individual resident's health status
Clients/Residents with confirmed COVID-19 infection	Regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions	Closed window or virtual visits only. Frequency determined by the facility based on an individual resident's health status
Clients/Residents in quarantine	Regardless of vaccination status until out of quarantine	Closed window or virtual visits only. Frequency determined by the facility based on an individual resident's health status
All Clients/Residents (except compassionate care/end of life)	A new COVID-19 case is identified (hot spot/outbreak)	No visitation allowed until all Outbreak criteria are met.

Contact

- Both the client/resident and all their visitors are fully vaccinated:
  - While alone in the resident's room or the designated visitation room, clients/residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.
  - Visitors should wear source control and physically distance from other healthcare personnel and other clients/residents/visitors that are not part of their group at all other times while in the facility.
- Either the client/resident or any of their visitors are not fully vaccinated:
  - The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting mask.

After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTC and develops signs and symptoms of COVID-19 or tests positive for COVID-19 within 5 days after visiting must immediately notify the LTC. The visitor should inform the facility of the date of their visit, the individuals (both clients/residents and staff) they were in contact with, and the locations within the facility they visited. Facilities may consider giving the visitor a written card with the expectations upon leaving the facility.

Compassionate Care Visits / End of Life

Compassionate care, end of life, and visits required under federal disability rights law, should be allowed at all times, regardless of a staff or resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. These visits may happen in a resident room. Visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. At all times, visits should be conducted using physical distancing, though physical touch may be necessary in compassionate care visits, such as when clients/residents participate in certain religious practices. However, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting facemask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility. Through a person-centered approach, facilities should work with clients/residents, families, caregivers, client/resident representatives, and Protection and Advocacy Agency (P&A) representatives to identify the need for compassionate care visits. Facilities should make every effort to permit visitation for all purposes, but particularly for the following purposes: (1) compassionate care visits; (2) visits by P&A's; (3) in-person supports necessary for equal access to care and effective communication under disability rights laws; and (4) outside healthcare and service providers, including providers assisting with transition. Even if the facility is otherwise limiting in-person visitation, unless the visitor has COVID-19 symptoms or refuses to comply with the facility's infection control practices, visitation should proceed.

Quarantine

- ✓ New clients/residents and clients/residents who leave the facility:
  - For all new admissions and readmissions, clients/residents should be placed in a 14-day quarantine, even if they have a negative test upon admission, except when
    - Clients/residents who are being admitted to Intermediate Care Facility (ICF) facility are fully vaccinated* and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days; or
    - Clients/residents are recovered within 3 months of a SARS-CoV-2 infection.
  - Quarantine is not recommended for unvaccinated clients/residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.
  - Clients/residents that leave for medical appointments should share the client's/resident's COVID-19 status with the transportation service and entity with whom the client/resident has the medical appointment.
  - Clients/residents should follow IPC practices, including face masks or respirators, hand hygiene, and physical distancing when leaving the facility.
  - Unvaccinated clients/residents who leave the facility for 24 hours or longer should be placed in a 14-day quarantine unless they meet the exceptions listed above for admission and readmission

- ✓ Facilities might consider quarantining clients/residents if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures. The facility is responsible for assessing the risk of infection any time a client/resident leaves the facility and returns. The risk assessment should include, at a minimum, the following: county positivity rate, vaccination status of the facility/community, resident adherence to IPC practices, purpose of outing and risk of exposure. If the facility does quarantine a client/resident upon return, the justification for quarantine should be documented and available for review.
- ✓ Clients/residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure.
- ✓ Clients/residents with confirmed COVID-19 infection must quarantine, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precaution.
- ✓ Clients/residents in quarantine, whether vaccinated or unvaccinated, should remain in quarantine until they have met criteria for release from quarantine.

ACTIVITIES

In the event of a new positive COVID-19 case all activities must stop until Outbreak criteria is met.

Facility Activities

Facilities may offer a variety of activities while taking into account clients/residents'' vaccination status.

Activities are **NOT** Allowed for
Clients/Residents with confirmed COVID-19 infection - regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions
Clients/Residents in quarantine - regardless of vaccination status until out of quarantine

Vaccination Status

a. Group activities:
   - ➢ If all clients/residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity.
   - ➢ If unvaccinated clients/residents are present, then all participants in the group activity should wear source control and unvaccinated clients/residents should physically distance from others.

b. Communal dining:
   - ➢ Fully vaccinated clients/residents can participate in communal dining without use of source control or physical distancing.
   - ➢ If unvaccinated clients/residents are dining in a communal area (e.g., dining room) all clients/residents should use source control when not eating and unvaccinated clients/residents should continue to remain at least 6 feet from others.

Activities When a Facility is Experiencing an Outbreak

When a new case of COVID-19 among clients/residents or staff is identified, a facility should immediately begin outbreak testing and suspend all activities, until at least one round of facility-wide testing is completed. Activities should resume based on the following criteria:

ACTIVITIES DURING AN OUTBREAK

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then activities can resume for clients/residents in areas/units with no COVID-19 cases. However, the facility should suspend activities on the affected unit until the facility meets the criteria to discontinue outbreak testing.
    - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, activities can resume for clients/residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend activities for all clients/residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Entry of Healthcare Workers and Other Service Providers

Health care workers who are not employees of the facility but provide direct care to the facility's clients/residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, 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 showing signs or symptoms of COVID-19 after being screened. EMS personnel do not need to be screened, so they can attend to an emergency without delay. As a reminder all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Federal Disability and Rights Laws and Protection & Advocacy (P&A) Programs

P&A systems authorized under the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. §§ 15041–15045) protect the rights of individuals with developmental and other disabilities. P&As have a number or authorities, including the authority to "investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probable cause to believe the incidents occurred." 42 U.S.C.A. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A systems are permitted immediate and unrestricted access to all facility residents, which includes "the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person." 42 CFR § 51.42(d) "Access to facilities and residents."); 45 CFR § 1326.27(d) ("Access to service providers and individuals with developmental disabilities.").

Additionally, each facility must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act, Section 1557 of the Patient Protection and Affordable Care Act, and the Americans with Disabilities Act, as applicable. Under these laws, facilities may be obligated to permit in-person visits for individuals with disabilities in certain circumstances. For example, facilities may be required to permit entry of a designated support person to meet an individual's disability-related needs, including, as may be appropriate in some cases, supporting an individual's transition from an institutional setting into the community. Reference: OCR Resolves Complaints After State CT Private Hospital Safeguards the Rights of Persons | HHS; see also, COVID-19 Considerations Strategies and Resources for Crisis Standards of Care in PALTC Facilities | HHS.

Where ICF/IID's are licensed as nursing facilities and are certified under section 1919 of the Social Security Act, the ICF/IID must allow visitation by the long-term care Ombudsman program, consistent with 42 CFR 483.10(f)(4)(i)(C). Reference: visitation guidance for Nursing Homes: QSO-20-39-NH memo.

If a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the entry into the facility of a person to interpret or facilitate as stated in 42 CFR 483.420(a)(1) and (2) for ICF/IIDs and 42 CFR 483.356(c)(2) for PRTFs. Federal disability rights law also requires effective communication for individuals with disabilities: ADA Requirements: Effective Communication. These obligations do not preclude facilities from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the recommended principles of COVID-19 infection prevention.

Any questions about or issues related to enforcement or oversight of the non-CMS requirements and citations referenced above under this section subject heading should contact the HHS Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agency.

INDOOR VISTATION REQUIREMENTS FOR COURT-APPOINTED GUARDIANS AND CONSERVATORS

In order to report to the court and fulfill their legal duties, court-appointed guardians and conservators need to have access to the protected person(s) for whom they have been appointed, in order to accurately assess the living situation and overall well-being of the protected person(s).

Court-appointed guardians and conservators are defined as any corporate/professional guardianship agency or any person appointed by the courts to serve in the role as guardian and/or conservator. The ICF and the guardian or conservator must adhere to the following requirements throughout the entirety of the visit:

1. Stay Home if You are Sick: Court-appointed guardians and/or conservators must stay home and not conduct indoor visits if they have been exposed to COVID-19 in the last fourteen (14) days or are showing COVID-19 symptoms. Anyone who has had close contact with a person who has COVID-19 should also stay home and monitor their health.
2. Scheduling Court-Appointed Guardian and/or Conservator visits:
   - ✓ All court-appointed guardian and/or conservator visits must be scheduled at least twenty-four (24) hours in advance.
   - ✓ Each provider agency must establish a point of contact, who has authority to schedule court- appointed guardian and/or conservator visits, e.g. Service Coordinator, House Supervisor, etc.
   - ✓ Agencies must work with court-appointed guardians and/or conservators to facilitate monthly visitation, or the appropriate recurrence requested by the guardian or conservator, and to schedule a date and time for the visit. The provider agency and the court-appointed guardian must agree on the date and time that the indoor visit will occur, based upon the number of individuals receiving services in the home, staff available during the time of the proposed visit, and ability to implement appropriate disinfection between visits.
   - ✓ The agency must allow guardians and/or conservators to view the living area, kitchen area, bedroom and bathroom, etc., of the protected person.
   - ✓ Prior to any court-appointed guardian and/or conservator entering the home, the provider agency must perform screening including symptom and temperature check. Screening requirements of court-appointed guardians and or conservators must include the following:

- Ask the court-appointed guardian and/or conservator if they have a fever (above 100.4) and confirm by taking their temperature using a temporal thermometer.
- Ask the court-appointed guardian and/or conservator "Have you felt like you had a fever in the past day?"
- Ask the court-appointed guardian and/or conservator "Do you have a new or worsening cough today?"
- Ask the court-appointed guardian and/or conservator, "Do you have any of these other symptoms?"
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea
- If the answer is "Yes" to any of these questions, the visit will not be allowed.
- If the answer is "No" to each of these questions, the visit may proceed.

✓ Court-appointed guardian and/or conservator visits must adhere to the mass gathering requirements of the current Public Health Order for the respective county they are visiting.

✓ If any individual (person served) in the home tests positive for COVID-19; the court-appointed guardian and/or conservator visit must be cancelled.

Agencies are to keep visitor logs (visitor logs will assist with contact tracing in the event of a COVID- 19 positive case).