

## Coronavirus Disease 2019 (COVID-19): Guidance for Visitation in Residential Settings ODP Announcement 20-066 UPDATE

### AUDIENCE:

Individuals, families and designated persons, licensed, unlicensed, and enrolled providers of ODP residential services, and all interested parties.

### PURPOSE:

The purpose of this announcement is to:

- Explain “Level of Community Transmission” and its impact on visitation both in and outside of the Community or Life Sharing Home.
- Provide guidance for developing visitation policies and best practices for visitation.
- Explain the “Compassionate Care Exemption” (Appendix A).
- Provide guidance on facilitating personal relationships when in-person visits are restricted.
- Residential settings include licensed and unlicensed Community Homes (55 Pa. Code Chapter 6400) and licensed and unlicensed Family Living Homes (55 Pa. Code Chapter 6500).

Updates appear in red.

### DISCUSSION:

ODP is making this update to align with recent guidance from the Centers for Disease Control (CDC), and the Pennsylvania Department of Health. These updates are due in part to the increasing number of individuals who are **fully vaccinated**. **An individual is**

**considered fully vaccinated for COVID-19  $\geq 2$  weeks after receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks after receipt of a single-dose vaccine, per the CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#).**

## I. Community Transmission

The Level of Community Transmission is a way to understand the extent of COVID-19 spread within a community. The polymerase chain reaction PCR Percent Positivity Rate is used to characterize the Level of Community Transmission. PCR is the main diagnostic test currently used to identify if a person has COVID-19. The PCR Percent Positivity Rate is determined by dividing the number of positive PCR tests by the total number of PCR tests performed. For example, if 100 people are tested and 3 are positive for COVID-19, the PCR Percent Positivity Rate is 3%.

The Level of Community Transmission is described by three ranges: low, moderate, and substantial. The table below shows how Level of Community Transmission is determined.

Level of Community Transmission in the County	PCR Percent Positivity (Most Recent 7 Days)
Low	Less than 5%
Moderate	5% to 10%
Substantial	Greater than 10%

The PCR Percent Positivity Rate for each county is available on the Pennsylvania Department of Health's [COVID-19 Early Warning Monitoring System Dashboard](#). The dashboard is updated every Friday.

The dashboard does not describe the Level of Community Transmission as low, moderate or substantial in accordance with the above table, rather it includes precise case count per 100,000 people and the PCR Positivity Rate. ODP intends to publish a weekly report showing each county's Level of Community Transmission so providers can easily learn whether the counties where their homes are located are in low, moderate, or substantial status. Providers can also determine the Level of Community Transmission by comparing the PCR Percent Positivity Rate on the COVID-19 Early Warning Monitoring System Dashboard to the table above.

Providers can use Level of Community Transmission to structure their visitation policies consistent with the following guidelines:

Level of Community Transmission in the County	PCR Percent Positivity Rate (Most Recent 7 Days)	Recommended Home Visitation Status
Low	Less than 5%	<p>Visitation can occur in accordance with provider’s standard screening and infection control protocol. Outdoor visitation should be encouraged. Indoor visitation is allowed for all residents, except when visitation needs to be limited due to high risk of COVID-19 transmission, including:</p> <ul style="list-style-type: none"> <li>• when a resident has a confirmed COVID-19 infection</li> <li>• there are residents in quarantine</li> </ul>
Moderate	5% to 10%	
Substantial	Greater than 10%	<p>If there are individuals residing in the home that are not fully vaccinated, interaction should be through means other than in-person contact unless covered by the Compassionate Care Exemption. If all residents are fully vaccinated, follow guidelines for homes located in counties with low and moderate community spread.</p>

## II. Visitation Guidance

ODP offers the following guidance to assist providers in developing policies and procedures that allow for in-person visits in a safe manner.

Note: Preventing the spread of COVID-19 continues to remain a priority. While according to the CDC’s [Benefits of Getting a COVID-19 Vaccine](#), early data from clinical trials has shown that persons who have been fully vaccinated are less likely to get COVID-19 or become seriously ill if they do get COVID-19, individuals who are fully vaccinated can get COVID-19 and spread it to others. Preventing the spread of COVID-19 to people who are not fully vaccinated and are at an increased risk of becoming severely ill, remains a priority for the Department of Human Services. According to a

[study from Jefferson Health](#), individuals with an intellectual disability who are not fully vaccinated are at a substantially increased risk of dying from COVID-19.

As a result, ODP continues to recommend that providers, individuals, and families adhere to measures that have shown to prevent the spread of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people), mask wearing, and frequent hand washing. However, ODP is aware that separation and isolation has been extremely hard for individuals in residential settings. ODP understands that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor. ODP continues to recommend that the resident and visitor wear a well-fitting face mask and perform hand-hygiene before and after close contact because individuals who are fully vaccinated can get COVID-19 and spread it to others. ODP also continues to recommend that providers encourage visitors to physically distance from other residents and staff in the residential setting.

#### **A. Visits That Occur at the Home**

Each provider should develop and implement a visitation policy for visits that occur in a Community or Life Sharing Home. **When developing the visitation policy, the provider should consider public health guidance on vaccinated and unvaccinated staff and individuals.** It is recommended that the policy include at a minimum:

- In-person visits are to be scheduled in advance of the visit.
- **Notification to all visitors about the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.**
- Established “visiting hours” for in-person visits.
- Limits on the number of visitors who may enter the home per individual, e.g., no more than two visitors at any time.
- Requirements for social distancing.
- Staggered visitation times so that only one individual receives an in-person visit at any given time.
- Restriction on where visits take place in the home to reduce contact with other individuals, e.g., the individual’s bedroom or an outdoor area on the premises.

- Strong encouragement that visits occur outdoors when weather appropriate and the needs of the resident can be accommodated.
- Indoor visitation may be allowed at all times and for all residents, except for a few circumstances when visitation should be limited due to high risk of COVID-19 transmission:
  - Residents in isolation with confirmed COVID-19 infection, or
  - Residents in quarantine
- A plan for how visitations can safely occur outside in the event of severe weather (e.g. rain, excessive heat, cold or humidity, etc.), including how coverage from inclement weather or excessive sun will be provided (e.g. use a tent or canopy).
- A requirement that visitors wear cloth or surgical masks when present in the home, wash their hands when practical or use hand sanitizer, and if a visitor refuses to comply with these requirements, the visit will be immediately terminated.
  - The visitation policy should include that face masks will be provided to visitors who are willing to wear a face mask but do not have one of their own and that visitors will be provided the necessary supplies to effectively wash their hands or use alcohol-based hand rub.
- A prohibition on any visits from people who are:
  - Currently diagnosed with COVID-19.
  - Have been exposed to someone with COVID-19 in the 14 days prior to the visit.
  - Are demonstrating symptoms of COVID-19 or any other illness.
- A plan for implementing screening procedures for visitors, such as taking each visitor's temperature, using a no-touch thermometer, and asking if the visitor is experiencing shortness of breath or has a cough. Residential service providers should reference **ODP Announcement 20-088 Reissue** for additional information regarding screening procedures.
- A statement that the visitation policy may be modified based on future changes to visitation guidance issued by the Pennsylvania Department of Health or ODP.

## **B. Visits That Occur in the Community**

Not all visits will occur at the home; some visitors may wish to take individuals on community outings that will not include visitors' physical presence in the home. For visits outside the home, providers should encourage individuals and visitors to:

- Be aware of and comply with Governor Wolf's [Responding to COVID-19 in Pennsylvania](#). This guidance is not intended to override stricter standards that may be imposed by a county or local jurisdiction.
- Wear a cloth face covering or face mask when within six feet of others.
- Continue to practice social distancing.
- Select outdoor activities that will minimize exposure to other people such as visiting a park or other open area.
- Adhere to strict hand hygiene practices at all opportunities when hand hygiene should occur.

Providers should discourage community outings in counties that do not have a low Level of Community Transmission for 14 days.

## **C. Visits with Family and Friends**

Individuals may wish to visit the homes of their friends and families. It is recommended that **providers develop and implement a policy** for such visits.

- The policy should include activities that will happen before the individual leaves the Community or Life Sharing Home:
  - The provider will conduct a screening of the people with whom the individual will have contact during the home visit. The policy should include that the COVID-19 screening questions included in [ODP Announcement 20-088 Reissue](#) will be asked and that it will be updated based on future guidance about screening questions for COVID-19.
  - The provider has ensured that the individual and family are aware of and agree to comply with Governor Wolf's [Responding to COVID-19 in Pennsylvania](#) or stricter standards that may be imposed by county or local jurisdictions and are notified of materials at [www.paautism.org](http://www.paautism.org) and [www.aidinpa.com](http://www.aidinpa.com) on social distancing, hand washing, mask use, cough

hygiene, and others topics related to staying safe during the COVID-19 pandemic.

- The policy should include activities that will happen before the individual returns to the Community or Life Sharing Home:
  - If the visit was overnight, the provider will complete a remote COVID-19 screening of the individual within 24 hours before the individual's planned return to the residence AND upon the individual's return to the residence.
  - If the individual is symptomatic on screening or has had a known exposure to COVID-19 during the visit with family or friends, the provider will immediately arrange for testing of the individual **and quarantine the individual from other individuals who reside in the Community or Life Sharing Home until the individual meets criteria to be released from quarantine and discontinue transmission-based precautions.**
    - Per DOH HAN 559, quarantine is no longer recommended for individuals returning to the home if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days (i.e., no known exposure to COVID-19).

**D. Visits that Increase Risk of Exposure to COVID-19**

Some visits that occur in a private home other than the Community or Life Sharing Home present an increased risk of COVID-19 transmission. Providers should discourage visits that create an increased risk for exposure to COVID-19. However, if a visit is planned that could increase the risk of exposure to COVID-19 or events change during a visit that would increase the risk of exposure to COVID-19, the individual's team is expected to develop a plan for the individual to safely return to the home.

It is recommended that **providers develop and implement a policy** for when an individual participates in a visit where there was an increased risk of exposure to COVID-19. The policy should include the following:

- Incorporate the guidance set forth above for visits that occur outside the home.
- Identify factors for visits that may result in higher risk of exposure to COVID-19, including, but not limited to:
  - a visit to an area where there is Substantial Level of Community Transmission

- attending a gathering with people who do not live in your household *and* failure of consistent universal masking for the duration of the visit
- lack of physical distancing from the individual (for example, hugging or riding in a vehicle with unmasked persons)
- visits that include participation in a large gathering or celebration.
- A team discussion must occur prior to the start of the visit. This team discussion must, at a minimum:
  - Include all the parties involved with the visit, *and*
  - Provide education about the increased risk of exposure to COVID-19 caused by the specific nature of the visit, *and*
  - Identify individualized methods to mitigate the increased risk of exposure, *and*
  - Consider if the individual has been vaccinated.
- The provider will complete a remote COVID-19 screening of the individual within 24 hours before the individual's planned return to the residence AND upon the individual's return to the residence.
- A mitigation plan that includes testing for COVID-19 if appropriate. In line with [DOH HAN 527](#), the policy should include that the provider will wait 2 to 3 days prior to testing following the outing. In accordance with the recommendation of [DOH HAN 559](#), the policy should include that the individual will be quarantined until the test results are received or for 14 days following the visit where there was an increased risk of exposure to COVID-19.
  - Note: Per [DOH HAN 559](#), quarantine is no longer recommended for individuals returning to the home if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days (i.e., no known exposure to COVID-19).
  - Quarantine may be completed in, but not limited to, the following ways:
    - At the home upon the individual's return.
    - In a hotel or other alternate site location if quarantine is not possible due to the physical limitations of the home.
    - At the individual's family home if the family agrees to the provider's quarantine plan.



*Providers should discourage home visits to counties or other states that have a substantial Level of Community Transmission.*

### **III. Person-Centered Planning and Support**

Residential Habilitation and Life Sharing providers have a responsibility to identify any skills the individuals need to acquire or practice to participate in desired in-person visits and assist individuals in learning skills. This includes learning how to practice social distancing, wear masks, and follow hand washing protocols. The following websites have helpful resources to assist with these activities:

- <https://aidinpa.org/>
- <https://paautism.org/resource/coronavirus-resources/>

### **IV. Additional Considerations**

#### ***A Note for Life Sharing Agencies***

Much of the guidance in this announcement can easily be applied by Life Sharing agencies in Host Homes. However, some guidance may be more difficult to apply because it is targeted to provider-operated settings where individuals are served by direct support professionals. If you require assistance with applying any of the guidance in this announcement to Host Homes, please contact [RA-PWODPEMRGNCYRSPRQ@pa.gov](mailto:RA-PWODPEMRGNCYRSPRQ@pa.gov).

#### ***Facilitating Personal Relationships When In-Person Visits are Restricted***

When in-person visitation must continue to be restricted to contain the spread of the COVID-19 virus, Residential Habilitation and Life Sharing providers (including Life Sharing hosts) are responsible to facilitate ongoing communication between individuals, family members, friends, and anyone else the individual chooses to communicate with during the COVID-19 pandemic. Unless otherwise indicated by the individual, the expectation is that communication with family and friends is supported on a regular and routine basis for each individual.

The provider must offer assistance to the individual to communicate with friends and family, when needed. The provider may need to assist the individual with learning new ways to communicate with the people he or she has relationships with. The provider should be creative in ways that assist the individual to remain in contact with family and

friends and feel comfortable with the method of communication. A few examples include:

- Arranging a meeting that occurs between an individual or family or friends across a barrier, such as a window or glass door, so that social distancing guidelines can be followed.
- Using technology such as FaceTime, Skype, Zoom meetings, Facebook, Messenger, etc. that allows for audiovisual interaction.
- Promoting communication through telephone calls, email, writing letters, texting, sending photographs or videos, or the use of virtual assistant technology (ex. Amazon's Alexa or Google Home).

Homes that have access to the internet are expected to offer the individual access to a computer for the use of technology. If the individual resides in his or her own home and does not have internet access, the provider should assist the individual to access an existing account free of charge or determine if there is a reasonable accommodation that can be made. Per ODP's regulations, the provision of internet services is included as part of room and board for Residential Habilitation services or Life Sharing Homes that are not owned by the individual.

In homes that provide services to more than one individual, access to items such as computers, smart phones or tablets may need a schedule to allow everyone access to their preferred method of contact. Program Specialists, Direct Support Professionals, or Life Sharing hosts should collaborate with individuals and family or friends in order to plan available time to communicate.

### **Contact**

Please contact the ODP Regional Office with any questions about this announcement.

## Appendix - Compassionate Care Exemption

### Definitions:

- “Compassionate Care” refers to visitation by a caregiver which is needed to maintain or improve an individual’s health and well-being based on documented “significant change” identified in the individual support plan.
- “Compassionate Caregiver” (or “Caregiver”) refers to a spouse or partner, family member, friend, volunteer, or other individual identified by an individual, the individual’s family or residential staff to provide the individual with Compassionate Care.

Compassionate Care visitation is allowed when there is a moderate or substantial Level of Community Transmission in a county because of the connection between mental, emotional, and physical health. Prolonged isolation may so significantly impact an individual’s mental and emotional health that the individual’s physical health becomes impaired.

Compassionate Care by a Caregiver may be considered if there is a documented “significant change” in an individual’s condition, an end-of-life situation, support is needed as a result of the loss of a loved one, or emotional support is needed for an individual who has just moved to a residential setting and is adjusting to the individual’s new surroundings.

### A significant change includes:

- A decline in the individual’s status that cannot be resolved without intervention by staff or by implementing standard disease-related clinical interventions that has an impact on more than one area of the individual’s health status, and requires interdisciplinary review or revision of the care plan, or both.
- If other circumstances develop, which the provider, individual and individual’s designated representative agree that Compassionate Care may help to alleviate, this should be considered, and the justification documented in the individual support plan.

When determining the frequency of Compassionate Care provided by a Compassionate Caregiver, the care plan/support plan decision makers should carefully consider which Caregiver is needed and how frequently the Caregiver should visit in order to maintain or

improve the individual's status while taking into account the risk posed by an increased number of individuals entering the home.

To protect all individuals and staff, providers and Compassionate Caregivers should adhere to the following recommended safety precautions:

- Caregivers should provide proof of a negative COVID-19 test that was administered within the past 7 days or if testing turn-around times allow, the past 72 hours, before providing Compassionate Care. Caregivers are responsible for arranging for and covering the cost of testing. The Caregiver is subject to all ongoing testing guidelines that apply to residential staff pursuant to all guidance, as well as Orders issued by the Secretary of Health.
- Providers should screen all Caregivers for COVID-19 before the Caregiver enters the home.
- If possible the Caregiver should maintain social distance from the individual receiving Compassionate Care. If maintaining distance from the individual would not achieve the intended outcomes of the Caregiver's visit, social distancing is not required.
- Caregivers should not visit for more than 2 hours per day and there should not be more than 2 Caregivers, per an individual, at a time.
- Caregivers should wear a mask while in the home, frequently wash their hands or use alcohol-based hand rub, and maintain social distance from staff and other residents. If a Caregiver does not comply with one or more of these public health practices, the provider should ask the Caregiver to leave the home and reassess their Caregiver status in order to protect staff and other residents.
- Providers should observe the first Compassionate Care visit by each Caregiver in the setting in which caregiving will typically happen (e.g., the individual's room) and provide information to the Caregiver on the specific safety measures the Caregiver needs to take to protect the individual, other residents, and staff.
  - For example, during the first visit staff should show the Caregiver where alcohol-based hand rub is stored, instruct the Caregiver on how to properly use hand hygiene supplies, check that the Caregiver is correctly wearing a mask, identify demarcations in the home that should not be crossed to ensure social distancing from a roommate, etc. Staff should correct any deficiencies on the part of the Caregiver. Staff only need to observe the visit until the Caregiver is fully oriented and any deficiencies are remediated.

- After the first visit providers should occasionally observe the Caregiver when possible to confirm adherence to safety measures.
  - For example, staff should intermittently check that the Caregiver continues to wear a mask, frequently conduct hand hygiene, and continues to physically distance from other residents.

Providers should have a policy and procedure for how to handle instances where a Caregiver refuses to take a COVID-19 test prior to providing Compassionate Care.

Each home should keep a log of all Caregivers who enter the residence in the event contact tracing is necessary. The log should include the Caregiver's name, address, phone number and e-mail address, the date of the visit, the time the Caregiver entered the home, and the time the Caregiver left the home.