COVID-19: Modification of Visitation Recommendations

A Frequently Asked Questions Resource for Older Adult Services Providers

Updated August 20, 2020

Based on MDH Guidance: Recommendations for Long-term Care Visitation and Activities: How and When to Safely Transition to the Next Level Throughout the COVID-19 Pandemic

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1. How do we handle essential caregivers and the fact that we may need to move back and forth between Level 1 and Level 2?
   Answer: LeadingAge Minnesota recommends keeping Essential Caregiver programs in place regardless of whether or not your setting is operating in Level 1 or Level 2. Doing so provides consistency and stability to those residents identified as requiring essential care giver visits and does not disrupt their schedules. It also makes it easy to transition back to Level 1 without disrupting these essential caregiver visits or requiring a re-assessment and re-implementation of that program.

2. Do we need to test Essential Caregivers, visitors and volunteers that come into our building(s)?
   Answer: No. The facility is not required to test any of these individuals. However, if you choose to add this to your testing strategy, you not prohibited from requiring Essential Caregivers, visitors and volunteers to be tested.

3. Is the facility required to provide visitors PPE?
   Answer: The guidance does not address who is required to provide the PPE for visitors. It is up to the individual setting to determine whether or not they will provide PPE to visitors or mandate visitor's supply their own PPE.

4. Are fabric masks OK for Essential caregivers to use?
   Answer: Follow the MDH guidance on Contingency Standards of Care for COVID-19: Personal Protective Equipment for Congregate Care Settings (https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf).

5. Does the visitor guidance apply to volunteers too?
   Answer: Yes, the visitation guidance could apply to volunteers, too.

6. As an assisted living, can we bill Medicare for COVID-19 testing?
   Answer: Yes. If the resident has appropriate Medicare coverage, you can bill Medicare for COVID-19 testing. You will follow the same process as you do for billing influenza vaccinations.

7. How do I calculate the county case rate?
   Answer: To calculate the county's COVID-19 case rate, add the case rate from the previous 2 weeks (14 days). If the number is greater than 10, you may consider that an increased risk. If you are close to another county, you may want to calculate the case rate for both counties. For a tip sheet on calculating case rate as well as links to the information.

8. Can we conduct our own swabbing? Does the swabbing need to be done by a licensed nurse?
   Answer: Yes. You can complete your own swabbing.

No, swabbing does not need to be completed by a licensed nurse; however, a licensed nurse or other appropriate, experienced individual, can train unlicensed staff to collect specimens for testing. It would require training and sign off on a skills testing form to demonstrate education and learning.

9. Can we set visitation hours?
   Answer: Yes. You can designate visitation hours for your organization. It is important to consider family and visitor ability to visit during the daytime hours and know that many will not be able to accommodate that in their schedules so there should be some designated hours in the evenings and weekends. However, a word of caution, if you are too restrictive on the hours or do not work with families who have conflicts with the hours you've provided, this could be

10. We have completed point prevalence testing at 0, 7, and 14 days. Do we need to do any further testing?
    Answer: Yes, each community must have an on-going testing plan. You should have a testing plan regardless of whether or not you are in Level 1 or Level 2. The guidance requires, at a minimum, on-going testing of all symptomatic residents and staff for both assisted living/HWS/Comprehensive home care and nursing homes. If you do additional testing, your testing plan should reflect that too. In nursing homes, your testing plan will need to address whole-house PPS testing as at least one round of PPS testing is required prior to moving into Level 2. In assisted living/HWS/HC you are not required to address PPS testing as this is recommended but not required.

11. What if staff and residents refuse testing?
    Answer: Staff and residents still have the right to refuse testing. You should address testing refusals in your settings testing plan. There is no written guidance on a particular percentage of staff and/or residents who need to comply with testing for the test to be either accurate or used as part of a relaxation strategy.

12. How do we get staff trained to perform testing?
    Answer: State provided testing teams such as the National Guard or other contracted teams will provide training for your staff regarding testing procedures using the swabbing methods used by the contractor. If you did not use these teams, contact your local hospital/health system or public health to determine if they can provide staff training.

13. State testing covers the cost of the first 3 rounds of testing, who pays after that?
    Answer: Facilities need to include that in their plan—likely for nursing facilities they can include these costs under the 12A.10 program through the rest of 2020.

14. What should our testing plan include if we don't have a lab contract or testing supplies?
    Answer: The testing plan for your community should include the following:
    - How you will conduct a threat assessment for your community.
    - How you will obtain medical orders for testing residents and staff.
    - Where testing will be performed.
    - What the facility action will be for residents and staff who refuse.
    - How the facility will respond to inconclusive or corrupt test results / sampling.
    - Details regarding the laboratory that is used.
    - Who will conduct swabbing actions?
    - How the facility will obtain testing resources / supplies
    - Where supplies for testing will be kept.
    - How the tests will be paid for.

    MDH will be publishing a testing plan template in the coming days. LeadingAge Minnesota will provide the link in the member message when it becomes available.