COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children

EFFECTIVE - October 1, 2020

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Introduction

The State will continue to prioritize protecting congregate settings, while identifying responsible and safe ways to allow family members to interact, in keeping with guidance from CMS and the White House Gating Criteria. Facilities with vulnerable adults or children, including Nursing Care Institutions, Residential Care Institutions, Nursing Supported DD Group Homes, and ICF-IID's should only allow visitation according to the following guidance.

Facilities should immediately allow for compassionate care visits regardless of the level of community spread. Compassionate care visits include visits for end-of-life or terminal diseases, but facilities must limit contact as much as possible. This is consistent with guidance from CMS and the White House Gating Criteria. Compassionate care visits also include visits by necessary healthcare professionals (including medical, dental, and behavioral healthcare), clergy, and professionals assisting individuals with disabilities, including the use of licensed sign language interpreters and other communication service providers.
Compassionate care visits that occur during the substantial community spread phase should have the mitigation measures implemented that would be required during the moderate phase.

Benchmarks

There are two key components to resuming visitation. First is the quality of the establishment's implementation of COVID-19 mitigation strategies. The second is the level of spread occurring in the community. To allow for progressive re-opening of facilities, benchmarks should be adopted following the Centers for Disease Control, the U.S. Coronavirus Task Force, and the Arizona Department of Health Services guidance as defined below:

Minimal Community Spread: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting.

Moderate Community Spread: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.

Substantial Community Spread: Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces).

ADHS further defines community spread levels with the thresholds outlined below. These thresholds are consistent with the national standards set by the Coronavirus Task Force.

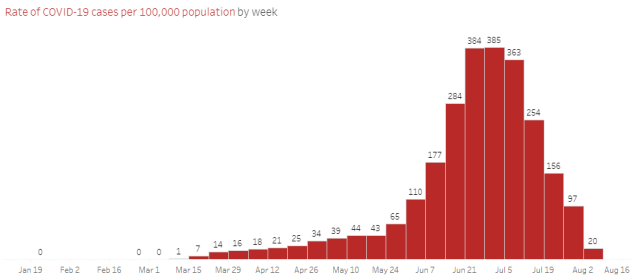
Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	≥10%
COVID Like Illness	<5%	5-10%	>10%

Understanding the Benchmarks

ARIZONA DEPARTMENT OF HEALTH SERVICES

Cases

Benchmark: Two weeks below 100 cases per 100,000

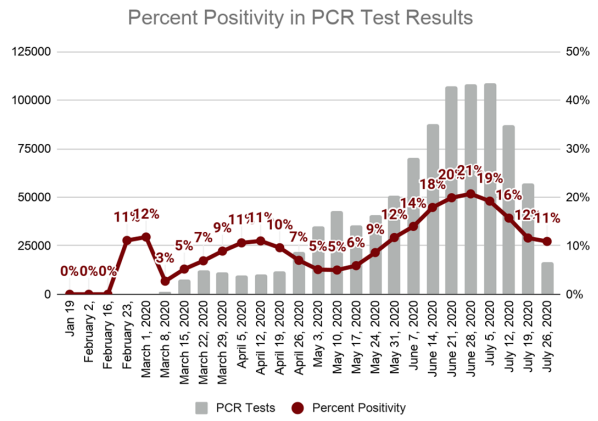


Data Source: ADHS MEDSIS Confirmed and Probable Cases

Available by: County

Percent Positivity

Benchmark: Two weeks with percent positivity below 10%

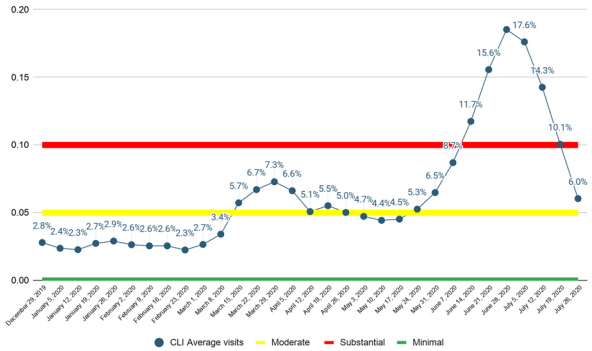


Data Source: ADHS Electronic Laboratory Data

Available by: County

COVID-like Illness

Benchmark: Two weeks with hospital visits due to COVID-like illness below 10%



Data Source: BioSense Syndromic Surveillance Platform

Available by: BioSense Region

- **Northern:** Apache, Coconino, Navajo, Yavapai Counties
- **Central:** Gila, Maricopa, Pinal Counties
- **Southeastern:** Cochise, Graham, Greenlee, Pima, Santa Cruz Counties
- **Western:** La Paz, Mohave, Yuma Counties

Data Dashboard

ADHS provides a data dashboard showing performance on each of the benchmarks. This dashboard is updated weekly on Thursdays to provide real-time information for decision making by business operators.

This image provides examples using the August and September dashboard updates with the data time period. Dashboard updates will continue beyond the dates in the table.

Dashboard Update	Date Time Period
August 6, 2020	07/12 - 07/18 07/19 - 07/25
August 13, 2020	07/19 - 07/25 07/26 - 08/01
August 20, 2020	07/26 - 08/01 08/02 - 08/08
August 27, 2020	08/02 - 08/08 08/09 - 08/15
September 3, 2020	08/09 - 08/15 08/16 - 08/22
September 10, 2020	08/16 - 08/22 08/23 - 08/29
September 17, 2020	08/23 - 08/29 08/30 - 09/05
Sept 24, 2020	08/30 - 09/05 09/06 - 09/12

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2020

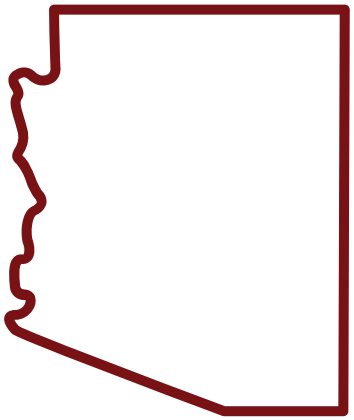
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

County-level data will be updated every Thursday on the business dashboard on the ADHS website at azhealth.gov/businessCOVID19.

The dashboard should be used to determine the level of community spread of COVID-19 in Arizona. Users may select a county to filter the data. The dashboard includes easy to read, color coded indicators.



What is this dashboard?

ADHS Business Operations Dashboard

This dashboard is used to determine the level of community spread of COVID-19 in Arizona to provide information about business operations and allowed occupancy.

Time Frame

This dashboard does not look at the past two weeks due to potential lags in data.

Benchmark Definitions

For two consecutive weeks

Minimal Transmission

<10 cases per 100k, <5% positivity, <5% COVID-like illness

Moderate Transmission

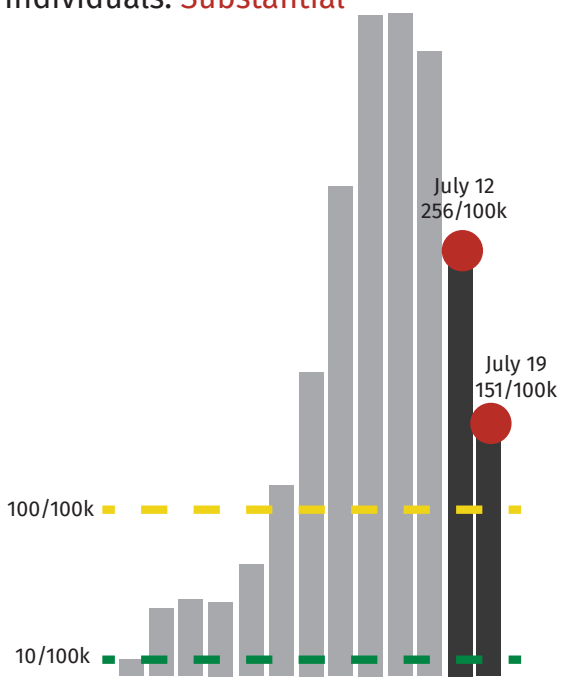
10-99 cases per 100k, 5-10% positivity, 5-10% COVID-like illness

Substantial Transmission

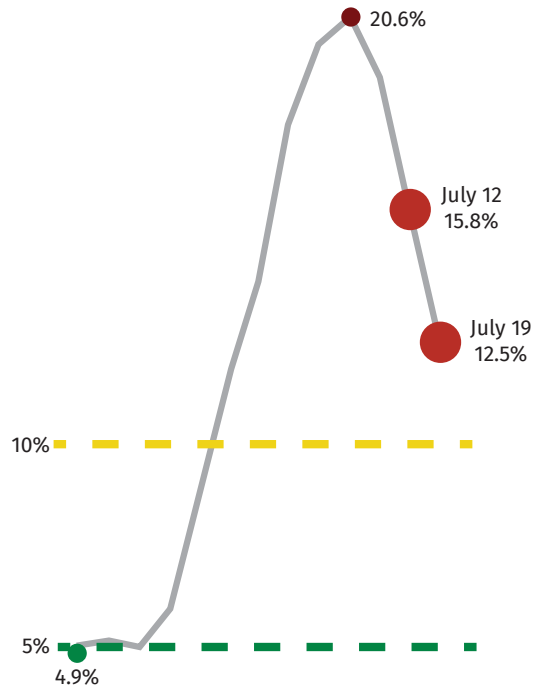
>=100 cases per 100k, >=10% positivity, >=10% COVID-like illness

Showing Data for All Counties

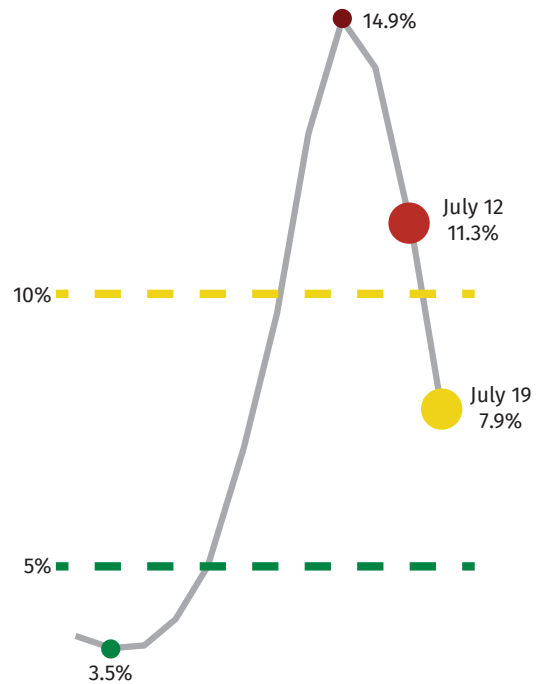
1) Cases per 100,000 Individuals: Substantial



2) Percent positivity: Substantial



3) Hospital visits for COVID-like illnesses in the region: Substantial



Requirements for Visitation at Congregate Settings for Vulnerable Adults and Children

ADHS Requirements for Visitation at Congregate Settings for Vulnerable Adults and Children

Visitation at Congregate Settings for Vulnerable Adults and Children

Community Spread Level	Indoor Visitation from: **Compassionate Care Visitors** (no testing required); **Medical, Dental, and Behavioral Healthcare** (no testing required); **Clergy** (no testing required); **Ombudsman** (no testing required); **Designated Essential Visitor** (Testing requirements vary based on community spread level)	Limited Outdoor Visitation (no testing required)	Limited Indoor Visitation	Symptom Screening and Cloth Face Covering for all Visitors	Physical Distancing (6 feet) (Exemption for Compassionate Care Visitors, Medical, Dental, and Behavioral Healthcare, Clergy, and Designated Essential Visitor)	Communal Spaces Open
Minimal	Yes	Yes	Yes (Testing Required)	Yes	Yes	Yes
Moderate	Yes	Yes	Yes (Testing Required)	Yes	Yes	Yes
Substantial	Yes	No	Yes (Testing Required)	Yes	Yes	No

Note: Limited outdoor visitation should only occur when outdoor temperatures are considered safe according to the patient's or resident's treatment plan and individual medical condition.

Long Term Care Task Force Recommendations

Facilities in any stage shall allow indoor visits if all the following conditions are met:

- ☑ **The visitor presents the facility a negative COVID test (either PCR or antigen) less than 48 hours old.**
- ☑ **The visitor signs an attestation that they have isolated in the time between the sample was taken and the visit and is free from symptoms.**
- ☑ **The facility limits contact as much as possible, including a dedicated visitation space.**
- ☑ **The facility requires mask-wearing by residents (when safe), visitors, and staff.**
- ☑ **The facility requires hand sanitizing before the visit.**
- ☑ **The facility maintains a visitor log for contact tracing purposes.**
- ☑ **The facility institutes enhanced cleaning and sanitation of the facility where the visits occur.**

Long Term Care Task Force Recommendations

☑ **To recognize varied local conditions, the Governor's Task Force on Long Term Care recommends county-specific public health benchmarks fall within the moderate or minimal spread category in all three benchmarks for two weeks to allow expanded in-person visitation to facilities. Specifically, the Task Force recommends the following benchmarks be met before offering expanded in-person visitation is allowed:**

- **Cases:** A two week with new case rates below 100 per 100,000
- **Percent Positivity:** two weeks with less than 10% positivity
- **COVID-like Illness Syndromic Surveillance:** two weeks with hospital visits due to COVID-like illness below 10%
- **No Outbreak:** The facility must not have any outbreak in the previous two weeks (14-day) period. An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among residents or staff with onsets within 14 days, who are epidemiologically linked, do not share a living space
- The facility has sufficient staff
- The facility has sufficient personal protective equipment for staff, visitors and residents as needed

☑ **Facilities must allow visitation at least to the level prescribed in the table above but may set their policies on:**

- Day and time and location of the visit
- Number of visitors per visit
- Total number of visits permitted by day
- Visits by appointment only
- Length of visit
- Visitor log for contact tracing purposes
- Additional precautions determined by the facility

Long Term Care Task Force Recommendations

Enforcement of Visitation Rules Regarding Mitigation Measures

- Facilities shall enforce all required mitigation measures including face masks, hand sanitizing, screening of visitors, and social distancing. Visitors who refuse to comply with mitigation measures may be removed from or denied access to the premises.

Additional Visitation Types

- Those that are not employees or essential healthcare providers, including hairstylists, educators, entertainers, and volunteers should follow the same visitation protocol and schedule. Therapy dogs should be permitted, however, any handler will adhere to the visitation policy.
- **Health care workers** who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dentists, home health 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 show signs or symptoms of COVID-19 after being screened. Therapy dogs should be permitted, however, any handler must adhere to the visitation policy.
- **Regulatory and investigative personnel** who are not employees of the facility but ensure health and safety of the residents, such as law enforcement, ADHS/CMS licensing surveyors, APS Investigators, and health plan quality assurance investigators, 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 show signs or symptoms of COVID-19 after being screened.

Long Term Care Task Force Recommendations

Designated Essential Visitor

- Residents may designate one or two family member(s) or caretaker(s) to serve as a "Designated Essential Visitor". The facility should develop policies and procedures to allow for the Designated Essential Visitor to visit at any time during normal (pre-COVID-19) visitation hours, or in cases of emergency, as long as the following requirements are met:
  - The Essential Visitor presents the facility documentation of a negative COVID test (either PCR or antigen) on the same testing interval required by CMS for the facility staff:
    - -Minimal (Percent Positivity <5%): Once a month
    - -Moderate (5% - 10%): Once a week
    - -Substantial (>10%): Twice a week
  - The Designated Essential Visitor signs an initial attestation that they will avoid attending large gatherings in between testing and visitation;
  - The Designated Essential Visitor attests on each visit that they are free from symptoms;
  - The Designated Essential Visitor must be at least 18 years of age
  - The facility requires mask-wearing by residents (when safe), visitors, Designated Essential Visitor, and staff.
  - The facility requires hand sanitizing before the visit.
  - The facility maintains a visitor log for contact tracing purposes.
  - The resident shall have the discretion to change their Designated Essential Visitor in accordance with the policy established by the facility

Long Term Care Task Force Recommendations

- For all visitation types:
  - Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should ensure all residents are able to receive visitors; and
  - Facilities must develop visitation policies for residents that may be bed restricted and unable to attend visitation outdoors or in an identified location. Policies and procedures shall take into consideration the requirements for **Visitor Access to Resident's Living Space** , but allow for adequate visitation time.
    - For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the infection prevention requirements for COVID-19.
  - Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff maintain a reasonable distance during visitation. Visitors who are unable or unwilling to adhere to the requirements of COVID-19 infection prevention, such as wearing a mask at all times and maintaining physical distance (if required), should not be permitted to visit or should be asked to leave.
  - To ensure that families who work during the week have the ability to visit their loved ones, facilities shall ensure that at least one weekend day is open for visitation.

Long Term Care Task Force Recommendations

Resumption of Group Activities Inside Long-Term Care Facilities

- Resuming group classes should be a facility by facility decision. Each facility should consider various factors when reopening group classes including:
  - where the staff was coming from (do they adhere to the visitor schedule if not a staff),
  - the number and risk of the participants,
  - the size of the room, and
  - specific circumstances of the facility regarding COVID-19 infections, enhanced cleaning procedures, and overall risk to residents.

Visitor Access to Resident's Living Space

- Visitors may be permitted to visit the living spaces of residents if the visitor is tested according to the testing guidelines above. Additional measures are as follows:
  - The individual does not have a roommate/share a room
  - A mask is worn at all times
  - Symptom screening/temperature screening is performed before entering patient care/living areas
  - Required handwashing before and after entering/leaving patient care areas
  - Remains 6 feet from all patients and staff
  - There is no visitor use of patient facilities/restroom
  - Visitors are only allowed in the living quarters for less than 15 minutes
  - The 15-minute limit on living space visitation does not apply to designated essential visitors

Communication to Residents and Families Regarding Visitation Policies

- Facilities shall develop written policies regarding visitation each stage. Policies shall include any limitations on the number of visitors at one time, screening process, time and location of visits, etc. Policies should be developed and communicated with families and residents as soon as practicable, but no later than October 1, 2020.
- Facilities shall clearly communicate to residents and families their visitation policies and rules.

Long Term Care Visitation | Frequently Asked Questions

To help health care providers, residents, and families understand the COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children, the Arizona Department of Health Services has put together a comprehensive list of frequently asked questions (FAQs) and answers.

Designated Essential Visitors

What/Who can be a Designated Essential Visitor? How does one become a Designated Essential Visitor?

We recognize that residents often have a family member who provides care that is essential to their well being. To ensure that these family members have unfettered access to their loved one, residents may designate one or two family members or caregivers to serve as a "Designated Essential Visitor".

The facility should develop policies and procedures to allow for the Designated Essential Visitor to visit at any time during normal (pre-COVID-19) visitation hours, or in cases of emergency. Please see additional requirements for Designated Essential Visitors on Page 4 of the COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children.

How often does my Designated Essential Visitor need to test? What are their responsibilities?

The Designated Essential Visitor presents the facility documentation of a negative COVID test (either PCR or antigen) on the same testing interval required by CMS for the facility staff:

- Minimal (Percent Positivity <5%): Once a month
- Moderate (5% - 10%): Once a week
- Substantial (>10%): Twice a week

The Designated Essential Visitor shall sign an initial attestation form stating that they will avoid attending large gatherings in between testing and visitation, be screened at each visit for symptoms, and follow facility requirements. Other responsibilities shall include: wearing a mask, hand sanitizing before a visit, and completing a visitor log for contract tracing purposes.

A list of testing sites can be found at azhealth.gov/COVID19testing.

Long Term Care Visitation | Frequently Asked Questions

As a Designated Essential Visitor, do I get to visit at any time that I want and when I want?

Within reason. The facility should develop policies and procedures to allow for the Designated Essential Visitor to visit at any time during normal (pre-COVID-19) visitation hours, or in cases of emergency. However, if the pre-COVID visiting hours were 24/7, a facility may reduce that to reasonably accommodate cleaning and ensure staff is available for screening visitors.

What happens if my Designated Essential Visitor is going out of town for an extended period or falls ill?

Facilities shall develop policies for allowing residents to appoint an alternative Designated Essential Visitor if the original individual(s) is unavailable for an extended period.

What about residents who have a Medical Power of Attorney and Authorized Representative how direct their care?

For residents who have a Medical Power of Attorney and Authorized Representative, that individual shall be one of the Designated Essential Visitors. That individual may also designate another Designated Essential Visitor if the resident cannot do so for themselves.

May a Designated Essential Visitor have physical contact with the resident?

Yes. They may hug, hold hands, and provide hands-on caregiving to the resident for whom they are the Designated Essential Visitor. Designated Essential Visitors must have access to the resident's living space (including their bedroom). The time a Designated Essential Visitor can spend in the resident's room is not limited by state policy, however, if the resident has a roommate in the bedroom area, the Designated Essential Visitor shall not enter the bedroom while the roommate is there and cannot stay in the bedroom for more than 15 minutes without prior approval the roommate or the roommate's authorized representative.

Does a Designated Essential Visitor have to have the results of their first COVID test before their first visit as the Designated Essential Visitor?

Yes they must have their first weekly test and results before the first visit takes place.

Testing

Why do I need to show proof of a negative COVID-19 test? What does that grant me?

Safely reuniting families with loved ones in long term care facilities and homes is a critical component of Arizona's response to COVID-19. In the moderate and substantial phases, the COVID-19 negative test result will allow for indoor visitation before a county reaches the green phase (minimal). Once a county is in the green phase (minimal), indoor visitation is permitted without a test. However, there are various exceptions for those who do not need to present a negative COVID-19 test. Please see those on Page 4 of the guidance or the next FAQ question.

Who is allowed inside the home/facility without proof of a negative COVID-19 test?

Health care workers who are not employees of the facility, but provide direct care to the facility's residents, such as doctors, nurses, physical therapists, podiatrists, psychologists, licensed behavioral health professionals, chiropractors, hospice workers, Emergency Medical Services (EMS) personnel, dentists, home health 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 show signs or symptoms of COVID-19 after being screened.The intent is to allow licensed, certified, and registered healthcare professionals who are providing direct services to a resident to have access to that resident during all stages.

Therapy dogs should be permitted, however, any handler must adhere to the visitation policy.
Regulatory and investigative personnel who are not employees of the facility but ensure the health and safety of the residents, such as law enforcement, ADHS/CMS licensing surveyors, APS Investigators, and health plan quality assurance investigators, 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 show signs or symptoms of COVID-19 after being screened. These agencies should adhere to your facility's infection control policies and any other applicable guidelines (i.e. PPE, etc...), but their access should not be denied due to the pandemic.

NOTE: For facilities licensed under Title 9, Chapter 10, Article 8 (Assisted Living and Adult Foster Care Providers), in addition to the above, please remember that the Emergency Rules for Disease Prevention and Control (A.A.C. R9-10-121) require policies and procedures to be implemented for the screening of visitors and other individuals and should take into account these possibilities.

What is the timeline for the 48-hour COVID-19 testing requirement?

For those who need to show proof of a negative COVID-19 test result, the 48-hour timeline begins immediately after you have taken the COVID-19 test.

If I take a COVID test and am allowed to do an inside visit, can I instead do an outside visit when we are in a Substantial Spread Phase?

Yes, if you take a COVID test and have a negative result that is less than 48 hours old, you can do either an indoor or outdoor visit during.

Where can I get a COVID-19 test that produces results in less than 48 hours? What does it cost?

The Arizona Department of Health Services has information on more than 430 testing sites across the state HERE. Policies and procedures for patient criteria, billing, and pre-registration requirements vary by site. Most sites require pre-registration, please call or visit the website listed before visiting the location. Some facilities may have antigen testing available on-site. Please inquire with your facility to see if that is available for you.

What are the acceptable types of tests? (antigen, antibody, PCR, etc.)

In order to have visitation indoors during the "moderate" and "substantial" phase, visitors must show a negative COVID-19 testing result that is less than 48 hours old. Acceptable tests include antigen and PCR tests (saliva or nasal). Some facilities may have antigen tests available on-site. Please inquire with your facility to see if that is available there. Antibody testing is not a sufficient test for indoor visiting purposes.

Please see FAQ question, "Who is allowed inside the home/facility without proof of a negative COVID-19 test?" or Page 4 of the guidelines to see who does not have to show proof of a negative COVID-19 test.

Do I need proof of a negative COVID-19 test for outdoor visitation?

No. Outdoor visitation can occur in both "minimal" and "moderate" phases without a negative COVID-19 test. The parameters around outdoor visitation should be governed by each facility, through policies and procedures to cover factors such as length of visit, appropriate temperature for each resident, time of visits, number of visitors, etc. However, if a county is still in "substantial" spread, then testing is required regardless of the visitation being outside or inside.

Protection and Privacy

When do I need to wear a mask?

For all visitation, both indoor and outdoor, individuals will be required to wear a cloth face covering that covers their nose and mouth at all times while they are visiting their loved ones. Visitors who are unable or unwilling to adhere to the requirements of COVID-19 infection prevention, such as wearing a mask at all times and maintaining physical distance (if required), should not be permitted to visit or should be asked to leave.

What happens if a resident is unable to wear a mask due to medical purposes, such as dementia, or is on supplemental oxygen?

We understand that there are situations where residents are unable to wear masks. In such cases, facilities shall accommodate the situation and not ban a family member or resident from visitation if the resident is unable to wear a mask. The visitor, however, is required to wear a mask at all times even when the resident is unable to.

As a resident, will I have privacy during my visitation?

Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff to maintain a reasonable distance during visitation. Visitors who are unable to adhere to the requirements of COVID-19 infection prevention, such as wearing a mask at all times and maintaining physical distance (if required), should not be permitted to visit or should be asked to leave.

What can I do to keep myself and my loved ones safe?

As recommended by the Arizona Department of Health Services, it is encouraged that visitors wear a cloth face covering, wash hands frequently or use an alcohol-based hand sanitizer, physical distance when able, and stay home if feeling symptomatic.

Visitation

What if a resident is bed restricted and cannot be moved outside for visitation?

Facilities must develop visitation policies for residents that may be bed restricted and unable to attend visitation outdoors or in an identified location. Please inquire with your facility about their specific policy.

Additionally, for situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the infection prevention requirements for COVID-19

Can I be visited by my pastor or religious figure?

Yes. A negative COVID-19 test is not required for these individuals and they are able to visit indoors at any stage. However, visitation is subject to facility policies as well i.e. wearing a mask, hand sanitizing before a visit, and completing a visitor log for contract tracing purposes.

Can the Arizona Center for Disability Law visit the facility in person?

Yes, ACDL plays an important role and must be permitted into facilities unless the ACDL staff member has an active COVID-19 case or the resident they seek to visit is actively infected.

Are Attorneys considered essential visitors for the purposes of urgent legal matters?

Most attorneys are offering virtual services, which is preferred. However, attorney visitation should be allowed unless they are subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened.

How long can visits be?

Within reason, there is not a limit on how long a visit can be by a Designated Essential Visitor.

For all other visitors, the length of visitations shall be set by each facility and should be clearly communicated by the facility to residents and loved ones. DHS has not placed any limits on the total length of visitation.

In addition to any visits to the facility's designed visitation areas, public health guidance states that visitors who have provided a negative COVID-19 test are able to visit private living quarters (i.e. bedroom) for a maximum of 15 minutes. After that, the visitor should be guided to a separate area for the remainder of the visitation. For example, if a visitor is scheduled for a 60-minute visit, 15 minutes can be in the bedroom and the remaining 45 minutes shall be in a different location.

Additional measures for the visitation of private living quarters are as follows:
- The individual does not have a roommate/share a room
- A mask is worn at all times
- Symptom screening/temperature screening is performed before entering patient care/living areas
- Required hand washing before and after entering/leaving patient care areas
- Remains 6 feet from all patients and staff
- There is no visitor use of patient facilities/restroom

Facilities must develop visitation policies for residents that may be bedridden and unable to attend visitation outdoors or in an identified location. Policies and procedures shall take into consideration the requirements for Visitor Access to Resident's Living Space, but allow for adequate visitation time.

Can homes/facilities choose not to allow visitation?

No. Facilities must allow visitation to the level prescribed in these guidelines.

Who can I contact if my facility is not following the visitation guidelines?

Contact ADHS Public Health Licensing at 602-364-2536 or file an online complaint.

If I am visiting, can I bring my loved one a gift or outside food/drinks (homemade or store bought)?

Yes, visitors are welcome to bring gifts or food. We know gifts can be important to both the giver and the recipient and something as small a coffee or cookie from a restaurant or made at home can brighten a resident's day. Any gifts of food should conform to a resident's dietary restrictions if applicable.

Miscellaneous

What phase is my county in?

Please click HERE to find what phase your county is in (minimal, moderate, or substantial).

What if I live in an independent living facility?

Independent Living Facilities are not regulated by the State of Arizona and are not subject to implementing this guidance from the Arizona Department of Health.

Why are there various requirements for long-term care visitation while other establishments (gyms, restaurants, salons, etc.) do not have to abide by many of the same rules?

For several months, long-term care facilities including skilled nursing facilities and assisted living facilities have strictly limited visitation to help prevent the spread of COVID-19 among residents whose ages and conditions make them especially vulnerable to the illness. The mitigation efforts of Arizonans plus the temporary visitation guidance is in place to keep our vulnerable populations safe during the COVID-19 pandemic.

What other measures have been taken by the state to keep our older population safe?

Governor Ducey on March 25 announced that Arizona received more than $5.3 million in grant funding from the Department of Health and Human Services to help Arizona communities provide meals for older adults. The dollars have supported both meal delivery programs and programs serving senior centers.

Governor Ducey on April 2 signed an Executive Order allowing pharmacists to dispense emergency refills of maintenance medications for a 90-day supply and an additional 90-day supply if needed. This action allows the elderly and at-risk Arizonans to refill a prescription while limiting their exposure to COVID-19.

Long Term Care Visitation | Frequently Asked Questions

The Governor on April 7 signed an Executive Order strengthening protection in residential and nursing care facilities. The order requires all staff to use appropriate personal protective equipment, implement symptom checks for those entering the facility, and offer electronic communication if visitation is restricted and more.

The Governor on May 15 announced $300,000 in funding from the AZ Coronavirus Relief Fund for organizations across the state that support senior citizens, the homebound, and those who are medically fragile. The funding supports organizations that have provided much-needed aid to vulnerable populations impacted by COVID-19, by assisting with grocery shopping, meal deliveries, transportation to medical appointments, emergency errands, and social interaction during a time of physical distancing.

Additionally, Governor Ducey on June 17 announced an additional $10 million for more masks and PPE in long-term care facilities to contain and mitigate the spread of COVID-19. On June 29, the Governor announced a grant program for long-term care facilities. Through the program, facilities will receive $10,000 for the purchase of electronic devices to facilitate video conferencing with residents and their families. This grant application is no longer accepting applications. For other grant opportunities please check HERE.