



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
*Aging and Long-Term Support Administration*  
*PO Box 45600, Olympia, Washington 98504-5600*

March 17, 2021

**ALTSA: ICF/IID #2021-014**  
**QSO-21-14 ICF/IID VISITATION AT INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)**

Dear ICF/IID Administrator:

On February 10, 2021, the Centers for Medicare and Medicaid Services (CMS) issued a memorandum, [QSO-21-14](#), regarding visitation at Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) amid a public health emergency.

CMS is providing new guidance for visitation in ICF/IIDs and encouraging coordination with the Center for Disease Control and Prevention (CDC) and public health departments. While CMS has focused on helping to protect ICF/IID clients from the risk of contracting COVID-19, they also recognize that physical separation from family, caregivers, friends, and others has taken a physical, emotional, and psychological toll on clients. Therefore, CMS encourages facilities to support visitation when allowed by federal, state, and local requirements and guidance. CMS encourages facilities to continue to follow the most current CMS guidance, but reminds facilities that the most stringent requirements (Federal, State, local or facility) should be followed.

Because it poses a lower risk of transmission of COVID-19, outdoor visitation is preferred. CMS stresses that even though the visit is taking place outside, individuals are expected to follow guidelines that reduce the risk of COVID-19 transmission, including wearing face coverings and maintaining social distancing. Recommendations for indoor visitation include, but are not limited to monitoring confirmed or suspected COVID-19 cases, limiting visitor movement, limiting the number of simultaneous visitors per client, and ventilation system upgrades or improvements. Where accommodations to meet the specific needs of a client 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 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.

Regardless of how visits are conducted, facilities must continue to follow federal, state, and local guidelines that reduce the risk of COVID-19 transmission.

If you have any questions, please contact Debra Hoeman, Policy Program Manager, at (360) 725-3210 or [debra.hoeman@dshs.wa.gov](mailto:debra.hoeman@dshs.wa.gov)

Sincerely,

Mike Anbesse, Director  
Residential Care Services

*DSHS: "Transforming Lives"*