

LeadingAge Michigan Safe and Calm Webinar Q/A 7/29/2020

Questions/Answers

Any update on the Lucido Bill?

The Lucido bill SB956 was officially reported to the Governor yesterday. This gives her a couple of weeks to sign the bill. What we are hearing is that she is weighing her political options. Many advocacy groups close to the Governor have advised her not to sign the bill but she is wary of the political ramifications if she does not.

In your conversations with state officials, has there been any indication that they will publicly report cases in IL/AL/HFA/AFC's? What is the rationale for reporting cases if the data is not being disclosed?

We understand the concern about lack of transparency in data for all residential long term care settings other than nursing homes. We have tried to address this with the state but have not been successful to date. We are well represented on the Governor's Task Force Workgroup on Resources which includes data reporting so we hope to have some impact there.

When was antigen testing approved? Can you send reference?

We are not sure when it was approved, especially since media reports cited Michigan as not approving antigen tests; however, it was cited as an acceptable testing methodology in the most recent MDHHS testing FAQ issued earlier this week - although it was not listed as an updated item, which means it existed before this week. LeadingAge in Washington has identified concerns about antigen testing to HHS, including the high level of false negatives, but we have not seen a response. At this point it does seem as if it is officially acceptable; however, there are no Michigan facilities on the federal priority list so it may be a period of time before these become available.

Since the national and state expiration date for the "state of emergency" is so important do you think the Governor will ultimately align those expiration date with the national date?

While it is hard to anticipate the Governor and it appears that she makes decisions based on the state of transmission in Michigan, it is doubtful. While the federal state of emergency has been extended to October, we believe that in Michigan she will continue to extend in smaller increments.

Please clarify, if an employee has been exposed to a person (not a resident or co-worker) who has tested positive, are they allowed to continue working if they are asymptomatic?

During the webinar, we cited language about the need to evaluate each case individually, and that at times they may continue to work. We refer to CDC Guidance for asymptomatic staff who were exposed to individuals with confirmed COVID 19. The CDC guidance depends on the level of exposures and can be reviewed at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

What is your interpretation of the CDC guidance on face shields? Do we need to wear them in AL and SNF?

CDC guidance states that for facilities in areas with moderate to substantial community transmission (all of Michigan), staff must follow standard precautions (and transmission based precautions if required based on suspected diagnoses). They also should also wear eye protection in addition to their facemask during patient care encounters. N95 masks are recommended for aerosol producing procedures and some surgical procedures. So, yes they would be required for resident care in all healthcare settings including assisted living.

Will the state reimburse a facility for performing the tests if the facility buys the equipment to conduct the tests?

It is our understanding is that the state will reimburse the standard collection fee no matter who conducts the tests, however, since this is not specifically stated in the guidance, we will communicate with the department about reimbursement in this situation.

With PPE shortages, is it acceptable for trained staff to train those who have not completed PPE competency at the time that transmission based precautions are required?

Per Laura Funsch...There is nothing in guidance that precludes this and given the urgency of the situation, it would be a consideration. Documentation, competency evaluation, and monitoring would be essential. Just to be clear...this would be only in urgent situations. The monitoring is critical and a followup test would be advisable for their files.

Who is considered an Infection Control Consultant for purposes of a LTC directed plan of care?

Per Laura Funsch, the consultant shall have completed infection control training from a recognized source, such as the Centers for Disease Control and Prevention, American Health Care Association, or Association for Professionals in Infection Control and Epidemiology. Survey team managers will be reviewing and approving the qualifications of the consultants once the DPOC documents are received and evaluated.

Can a trained observer complete observations for the infection preventionist to monitor compliance with PPE and hand hygiene?

Per Laura Funsch – yes that is allowed.

Are hair stylists allowed in assisted livings and independent livings? We're aware that some facilities are allowing this, although the Executive Order technically does not allow visitors which would include hair stylists/cosmetology. (We heard that one facility was calling these services "essential" in order to be able to provide them to residents in AL and IL.)

Although hair stylists might not be considered visitors, and also are not listed under the exceptions to visitors either, the guidance is not specific to this. However, several discussions with more than one department leads us to believe that for right now, they are not allowed into facilities.

Do residents have to be quarantined for 14 days regardless of known COVID status?

Absolutely. MDHHS Testing Guidance speaks to isolating new admissions and CDC guidance does as well.... The CDC guidance is a bit more explicit and I have cut and pasted the paragraph below. The link for CDC guidance is <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>, and text is cited below.

Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown.

Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown

when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Considering that most of Michigan is at Medium to High risk, this is a requirement.

So when looking at the eye protection mandation, it has to be worn at all times, only in rooms of new admissions, or during all resident contact?

See above. CDC states for resident care, which we would interpret is any resident contact.

Resource Links

CDC Illness Severity

<https://www.covid19treatmentguidelines.nih.gov/overview/management-of-covid-19/>

CDC Severely Immunocompromised

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#definition> (footnotes)

OIG Work Plan

<https://oig.hhs.gov/reports-and-publications/workplan/index.asp>

Bureau of Professional Licensing Updates

https://www.michigan.gov/documents/lara/BPL_Exam_Waiver_Guidance_Final_687583_7.pdf

H 20-08 HUD Supplemental Payments

<https://leadingage.org/regulation/hud-provides-guidance-cares-act-relief-payments>

<https://leadingage.org/sites/default/files/Corrected%20Housing%20Notice.pdf>

<https://leadingage.org/sites/default/files/CSP%20Request%20Form%20%2852671-E%29%207-23%20%28002%29.pdf>

CMS Nursing Home Call

<https://protect2.fireeye.com/url?k=60470556-3c131c2a-60473469-0cc47adc5fa2-0c656f2ae4e4256e&u=https://protect2.fireeye.com/url?k=2884bdb1-74d1b4a2-28848c8e-0cc47adb5650-5b54c104cb155c28&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2411>

COVID -19 Knowledge for Frontline Staff

https://zoom.us/webinar/register/WN_w16sb6o8TBa-PR7oAFNg2g

HUD/HHS Telehealth

<https://www.phe.gov/emergency/events/COVID19/atrisk/CBO-series/Pages/default.aspx>

CDC Symptom Based Strategies

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

MDHHS Testing Guidance 6/15/2020

https://www.michigan.gov/documents/coronavirus/2020.06.15_-_MDHHS_Skilled_Nursing_Facility_Testing_Guidance_-_final_693925_7.pdf

MDHHS Updated Testing FAQs 7/27/2020

https://www.michigan.gov/documents/coronavirus/MDHHS_SNF_COVID19_Testing_FAQs_v1_Final_694249_7.pdf

MDHHS Testing Reimbursement 7/27/2020

https://www.michigan.gov/documents/coronavirus/Nursing_Home_Testing_-_Financial_Implications_7.27.20_update_697369_7.pdf