

LeadingAge Michigan Questions and Answer Document for 8/28/2020

I assume the protection of COVID Status is the same for team members as residents?
Yes, these protections apply to staff. However, You can include general notice that does not contain any personally identifiable information.
Regarding the new provider relief funds, the state is currently reimbursing nursing homes for testing. How does this affect this payout, if at all
While the relief funds can be used for testing, they can be used for other COVID related expenses as well. We do not anticipate that these grant monies will affect the state reimbursement. State funds may be limited however, over time, and we have no indication how long they will continue, but there is no end date currently.
It is our understanding that the FFCRA guidance for granting FMLA for employees, etc. is only for employers less than 500 employees
Yes, the FFCRA only applies to employers of 500 or less employees.
Dalton, did you see the press release that just came out on the PPE grant? It just came from Whitmer's office in my email. The application is in there along with an FAQ.
The PPE grant information came out during our Friday safe and calm webinar. Please see the links below. FAQ: https://www.michigan.gov/documents/coronavirus/PPE_Grant_Program_Frequently_Asked_Questions_2020-8-27_700700_7.pdf Application: https://ppegrant.mihealth.org/surveys/index.php?s=7CNF4TM3XY
For the Point of Care tests, must they be performed using the naso-pharyngeal method or can we use the nasal/nares method of swabbing?
Our understanding is that they can be conducted using less invasive forms of specimens – however, you should check with each manufacturer's recommendations.
If staff wears a mask the entire time working and then tests positive during routine testing, do the staff that had contact with this staff member have to stay home even though they all wore masks.
We apologize – we may have misunderstood the question during the webinar. Staff who have come into contact with a positive exposure do not necessarily have to be isolated, but they need to be closely monitored and tested

immediately along with potential resident contacts, in alignment with your outbreak precautions.

If a staff member is positive but worked with mask prior to getting a positive result, do the residents need to go into precautions?

Each new case is considered an outbreak, and the facility must act immediately to determine the potential extent of the outbreak. Everyone in the facility must immediately be tested and screened. While awaiting test results, the facility should review the potential contacts and devise interim precautions as may seem necessary; however, there is no requirement that facilities immediately isolate all residents at that time.

Performing viral testing of all residents as soon as there is a new confirmed case in the facility will identify infected residents quickly, in order to assist in their clinical management and allow rapid implementation of IPC interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent SARS-CoV-2 transmission.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

I looked the NHSN county positivity data is there this morning.

Great!

If we are testing a vendor/equipment delivery person to allow them in the facility weekly, but they are not staff, does that have to count as a staff member.

Assuming that is for reporting purposes, yes.

Deanna, have you heard more about the AG visits per the EO and in what settings these visits are occurring? We heard it included in AFC/HFA – can you confirm? We are hearing they are giving multiple misdemeanors and bringing LARA in. Can you confirm?

We cannot confirm. What we have heard is that the Attorney general has sent staff out to accompany LARA surveyors on their surveys. Larry Horvath has also went out on some of these surveys to ensure everything went smoothly.

Table 1 – testing summary under routine testing for residents – what is considered ‘routinely’ leaves the facility.

The guidance does not define this but we would assume it would be recurring appointments for dialysis, chemotherapy, repeated treatments, etc.

What if you learn that tests/process was not correct when getting positive results and having follow up negative results right way – within 48-72 hours.

A false positive is a very unlikely event, and in most cases would occur only if specimens were contaminated. The viral load from an infected person drops rapidly for some and it is more likely the follow up negative test is false rather

than the positive. For the reason, you should always treat positives as if they have the disease, no matter what the immediate follow up testing results are.

RE: CMS QSO 20-38-nh: We are in a county with less than 5% positivity which allows monthly testing of staff, based on the county dataset which is available today. Does this override the current MDHHS weekly requirement based on MI regions (and not counties?) Will we see revised MDHHS guidance soon and must we wait for that?

The CMS guidance is the minimal standard and the state has the ability to require testing at a higher rate. Yes, you must continue to test at a weekly rate across the state, and the one county at higher than 10% rate must test more frequently as of the official date of the regulation. However, we misspoke during the program about the effective date and the official rule is not expected to be issued until August 31.

So do I or don't I place a resident in isolation/quarantine after a doctor's appointment or procedure at the hospital while we are waiting for clarification?

At this point the CMS guidance states you must place a resident in isolation for 14 days any time they leave the facility. See QSO 20-28-NH Revised

How is the governor calculating an FTE for the grant? Our nursing work 72 hours and are considered an FTE.

While we wait for a more specific answer. The application states that the number of frontline FTEs include only employees and independent contractors required to wear full PPE provided by the organization to conduct close-contact, client-facing job functions. This number would not include employees such as receptionists who may wear a face mask to speak with members of the public, but are not in close contact with them. I would assume your nurses who work 72 hours would be included under this definition.

I thought if a person was not on your floor 8 hours in a week you did not have to test them. Like a maintenance person that just comes on your unit to pick something up and leaves.

Anyone who comes into your facility on a routine basis (at least weekly) must be tested along with other staff.

Can you explain the comment about informing the state if you cannot get test results within 48 hours? Who has to do this, where are you supposed to report and where is this requirement coming from?

The latest guidance from CMS – QSO 20-38-NH.

Report any problems with resources to your local health department and your state public health department. We have asked the state if there is a specified contact for this.