

LeadingAge Michigan

Safe and Calm Webinar Q&A – July 1, 2020

Advocacy
What does it mean to have a law interpreted as a ‘wage pass through’
The funds are not subject to VCL limitations
Visitation/Reopening
I have heard of a facility being cited for having outdoor visits
In a discussion with Director Horvath, there have been no referrals to his agency, not sure how someone has been cited for outdoor visits. Only MDHHS has authority over visitation and we have not heard of them or the LTC ombudsman being out in the field. (comment)
We have not been aware of any MLARA citations for issues related to the executive orders but will look into it
Moving through the phases is still part of the plan for reopening, right? So if we have about a quarter of our residents who refuse to be tested, does this impair your ability to open up for visits? I thought I read 28 days without COVID in our community would be one of the stipulations.
The Governor’s phases and the CMS recommended phases are different. The requirement for 28 days without COVID in a facility is a CMS recommendation and has not been adopted as such as a criteria for opening residential care settings in Michigan. We think it likely that reopening visitation would be based on several variables that have yet to be defined.
So AL cannot allow communal dining?
Executive Order 2020-123 requires the cancellation of all communal dining for all long term care settings. CMS defined communal dining in such a way that it allowed certain group dining with social distancing and other precautions. So many nursing facilities have made some flexible allowances. For assisted living, there has been no such guidance from MLARA and based on some previous conversations, it seems they are applying the rule as written.

Do you have any recommendations for hairdressers if resident cannot go out to get their hair done?

Only essential personnel are allowed to enter nursing facilities and other long term care settings as this point. And although residents can leave the facility, there would be necessary screening and quarantine once returned. There is no guidance that explicitly restricts hair care – although social distancing would be difficult – but the ban is to restrict entrance to only essential workers.

Is there any new information on outdoor visits for those who do not meet the two criteria in 333.2253

MCL 333.2253 allows the Department of Health and Human Services to provide guidance during a public health emergency. The Epidemic Letter signed by Dr. Gordon clarifies the ways in which visitation for persons in serious condition or at end of life, or whose condition could improve if provided ADL assistance. There are no other situations that are covered under this rule for visitation. We anticipate that further guidance will be forthcoming when the Governor sees lower levels of community transmission.

Visitor guidance says a person trained in infection control present at all times during the visit. Does this mean physically present in the space of a visit in room or outside tent? Or just working on site in the area where visits occur. Having someone present during each visit would essentially be providing 1:1 staffing. We could have an outside scheduled visit and couple of end of life visits occurring, needing three extra staff.

Our interpretation of this is that facilities must have a person trained in infection control somewhere on campus when visits are scheduled. However, visits must be monitored for safety.

Families (visitors) cannot do many ADLs (give baths) in SNF/AL so this doesn't seem helpful...and if they are needed to help someone eat we need to provide training correct?

It is true that these clarifications only enhance visitation to a small degree. Yes, it is required that visitors assisting with ADLs to help improve a resident's condition must be trained to ensure safety, and must demonstrate an understanding of precautions that need to be taken to avoid COVID spread.

Do you think they will carve out IL soon? What can we, as members, do to get IL removed from this. They are not monitored or licensed and we do not have staff monitoring them. If someone has an IL apartment, not under a CCRC room but a stand-alone on a campus, how do we tell them they cannot have someone come to their home?

We understand the dilemma that the executive order places on independent living facilities, and we continue to discuss this issue with the Department. The Governor has authority to issue direction to Michigan citizens in order to curtail the spread of the pandemic. But since these settings are not licensed or defined in the public health code, it is unclear how the facility itself can hold residents accountable. Fostering communication about the executive orders would be a consideration as well as restricting group or communal activities. As each setting has to determine the manner in which to implement these rules, however, it is important to note that the MDHHS clinicians and epidemiologists continue to be very concerned about current spread and its potential impact on this vulnerable population. The facility is required to screen all persons entering the building, including residents on return from outings.

Can you clarify on dining. The EO says no communal dining but I hear about some places doing dining – social distant in groups less than ten; in their AL/IL/ and SNF. Is this allowed?

I think EO 2020-123 says no communal dining – does this overrule the CMS guidance? What about communal dining for IL – also none since IL is considered under the direction of residential facilities under the EO.

The executive order says no communal dining. The CMS clarification defines communal dining in a way that allows some flexibilities. The department does not define communal dining. An argument might be made that the clarifications in the CMS guidance is based on a definition of communal dining that could be applied. At this point, there is no written guidance for Michigan other than the fact that ‘communal dining’ is prohibited.

Since well-being visits can be done as deemed needed by physician, do you think being isolated four months qualifies as needed for their well-being I see this being a way to get at least one outside visit for everyone.

The intent of the epidemic order is to provide for flexibilities during the pandemic so that residents who are significantly impacted by lack of visitation can improve their condition. Facilities should consider reviewing resident needs on a case by case basis.

IL residents can leave and do what they want. So what if they go outside and sit with people who happen to be on our campus? We are not scheduling visits but they are doing this on their own. Going outdoors but perhaps on our campus somewhere, sitting on a park bench. That is a challenge, we do not have staff 24/7 in independent living to monitor them.

Visitation is restricted for persons in assisted living, nursing home, and independent living settings. While residents are entitled to leave a facility as desired, they are subject to an assessment on return with the idea to protect all residents from further spread of the virus. Group activities for assisted living and nursing homes are restricted and social distancing as well as other safety precautions are required. Visitation within and between settings would be a violation of that directive.

Is there anything in writing about no outdoor visits as previously mentioned

All visits are restricted to the two categories discussed above. We would interpret that any visitation on the campus would be subject to the rule.

What about family instruction for rehab patients, can families come in for that? Instructions on how to care for them at home?

An argument might be made that families would need to be present for some aspects of training for care at discharge. A facility might consider that option as needed on a case by case basis.

Not sure why the state had a task force and then completely ignored their advice (comment)

Testing

Is the financial reimbursement form only for testing done through the state's program, or can it be used for testing costs not otherwise reimbursed when done through a private lab?

It does appear that the reimbursement form is for test kits and collection fees. We have reached out to the department to discuss how facilities can get reimbursement for laboratory fees when there is no other payer.

If an employee had COVID in March and providing weekly plasma, should they still be tested?

Yes. It is unclear that previously positive individuals cannot contract the virus again at a later date.

By the state covering all cost is this the weekly test also?
It is our understanding that the state will reimburse for cost not covered under insurance or other payers. The state expects to have to support costs for weekly testing and any other uncovered testing costs. Facilities are required to coordinate testing for new admissions, persons with symptoms, etc.
If the baseline testing is completed by 7/3 but we are having difficulty getting everything in order to do weekly testing beginning the week of 7/5 will we be cited?
No. While facilities must initiate their plan by June 29, the date for completion has been extended to July 17.
Do we know what is meant when it says the facility must have access to testing? Does this mean that access to testing is onsite?
How does the testing portion apply to HFAs. Its my understanding that HFAs aren't included in the weekly testing that SNFs are doing.
Our interpretation of this guidance is that facilities must simply have access to testing – not necessarily on campus. Community based testing is available across the state in general, and this should not be an issue. This is another gray area since residents of independent living facilities should be able to access testing on their own.
This IIDR refers to F884 citations from CMS only for testing right. Not just any F884 citation.
That is correct.
If we have a construction worker who might be coming into the building right now, do they need to have weekly testing? They are not in resident rooms but may be in the SNF area for construction. They may be there for a few weeks.
Any contractor must be included in testing if they routinely enter the building at least on a weekly basis.
Am I clear that nursing home with no positives on baseline testing and low incidence region does not need weekly staff testing, correct?
Facilities in low risk regions are not required to do weekly staff testing; nor resident and staff weekly testing if there are no active COVID cases.

To bill test collection, is that for any resident tested with specimens collected by us, or limited to certain insurance type? Is the \$22.00 the amount that we will receive?
Yes, you will receive that amount for COVID testing that the facility collects specimens for. Our understanding is that it would cover specimen collection for any coverage source.
Can our nurses write the lab order to have staff tested by another entity?
According to EO 2020-61 registered and licensed practical nursing can order collection for testing; however, it is not clear that this is currently being practiced.
Is that reimbursement form okay for retroactive or from a certain date forward?
We have a question into the Department to determine the time period if any for which reimbursement is applicable.
Other
Can LMI provide a link to where to sign up for MIHAN program just referenced?
https://www.michiganhan.org/agreement.php general information – https://www.michiganhan.org
What is the link to sign up for notices from Michigan State Police
https://public.govdelivery.com/accounts/MIMSP/subscriber/new?topic_id=MIMSP_116
Is there any data of any person with COVID getting it a second time?
Not at this point. Many persons who tested positive for COVID tend to remain positive for a long period of time. It is unclear whether the disease has been contracted again or if detectable levels of the virus remain in the body. It is thought that there is some immunity after testing positive for the disease but there is no clear research to support that.
Links and Resources
Attorney General Response to National Legislators https://www.michigan.gov/documents/ag/Letter.Select.Subcommittee.6.29.20_695249_7.pdf

CMP Grant Applications

- Submit the application to MDHHS-CMPGRANTS@Michigan.gov
- Application link
 - https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_73356---,00.html

Mathematical models to project spread do not account for increased risk in residential care settings

<https://jamanetwork.com/journals/jama/fullarticle/2767062>

Staff dedicated to Quality

<https://academic.oup.com/intqhc/article/doi/10.1093/intqhc/mzaa050/5836316>

Michigan Online Test Finder/Filters

https://www.michigan.gov/coronavirus/0,9753,7-406-99891_99912-531745--_00.html

Use of historical prioritization tools applies to psychological safety issues in health care

http://www.ihl.org/communities/blogs/a-tool-to-promote-psychological-safety-during-and-after-covid-19?utm_campaign=2020_TW_Test&utm_medium=Feature&_hsenc=p2ANqtz--q7he1CcdcwlwrqPdL9IHychEyhdiAT8WHxRD1_cHhAQoFOaKCLbCs8IGSAm7e5nzwis45VnqlQH4VvA2MH9VDNA&utm_content=Psych_Safety&utm_source=hs_e

Visitation Guidance

https://www.leadingagemi.org/resource/resmgr/member_updates/6.30.20_-_MDHHS_Epidemic_ord.pdf

Reducing Spread in Retirement Communities

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html>

Considerations for operating retirement communities

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/index.html>

- Cleaning and disinfection guidance:
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>
- Planning and Preparing Retirement Communities
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/guidance-retirement-response.html>
- Tips for residents and visitors
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/residents.html>
- FAQs for administrators
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/faq.html>
- Checklist to stay healthy
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/checklist.html>

Broad Based Testing/Congregate Testing

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

CDC Updates

- **Strategies for Optimizing the Supply of Eye Protection - 6/28/2020**
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>
- **Strategies for Optimizing the Supply of Facemasks - 6/28/2020**
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
- **Strategies for Optimizing The Supply of N95 Respirators – 6/28/2020**
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
- **Considerations for Wearing Cloth Face Coverings – 6/29/2020**
 - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html?deliveryName=USCDC_2067-DM31977

L20-39: MI Choice Provider Monitoring

https://content.govdelivery.com/attachments/MIDHHS/2020/06/25/file_attachments/1482425/L-20-39-MI%20Choice.pdf

MDHHS Testing Resources

[Epidemic Order](#)

[SNF COVID 19 Testing FAQs](#)

[SNF Testing Guidance](#)

[LTC Testing Support](#)

[Nursing Home Memo](#)

[Nursing Home Testing – Financial](#)

[Testing Reimbursement Form 2.0](#)

Facility Conducted Testing Options

https://www.michigan.gov/coronavirus/0,9753,7-406-99891_99912-531370--,00.html

SNF Testing Questions

MDHHS-MSA-COVID19@Michigan.gov

Testing accommodations must be made for staff with medical, disability, or religious

reasons. See <https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americansdisabilities-act>

Requesting State Assistance to Conduct Testing

MDHHS-LTCRequests@Michigan.gov by July 6

https://cdn.ymaws.com/www.leadingagemi.org/resource/resmgr/member_updates/6_26_20/Nursing_Home_Testing_-_Finan.pdf