Safe and Calm Webinar 7/22/2020 Q&A

Can you clarify that if a facility has a COVID positive resident, they will have to send the resident to a COVID hub unless they have a unit in a separate building?
Yes, that is the case under Lucido's bill. Currently the requirement is that you have to have a dedicated unit and dedicated staff on campus to serve COVID positive residents.
Are HFA, unlicensed assisted living, and independent living communities included in the immunity bill – you mentioned AFCs and CCRCs.
HFAs and AFCs and CCRC portions who are licensed would be covered under the language that we have reviewed. It appears that any unlicensed setting (because they do not provide healthcare services) would be excluded. We are getting unclear messages about the legislator's intentions about any other group and we have advocated for their inclusion. However, we are not sure what the final language will look like. We anticipate the Governor will veto this.
Can LeadingAge please advocate that it would not be in the best interest of the resident to have to leave their home for an asymptomatic positive and have to go to a hub?
This area is one of a lot of varying opinion. Many members are concerned about their ability to safely serve COVID positive persons based on staffing and other issues. Others are concerned about the issues around moving one of their residents into a regional hub with history of variable performance overall. This is something that the Task Force will be reviewing, as well as the CHRT evaluation of regional hubs. Because there are no options to serve COVID positive persons in any other setting than a distinct facility in the newest version of the legislation, we would have concerns and have never actively supported this legislation to date.
I am being told the CDC recommendation changed and now the recommendation is to have all staff members wear eye protection also with their masks. Is this factual.
Yes, if your facility is in an area with moderate to substantial transmission. However, CDC does not identify the definition for moderate to substantial transmission and since the regions in Michigan are so large, facilities should look at their closer community and relative risk and consult their local health department. The CDC believes this is necessary because of the potentially high number of asymptomatic positives that are likely to be crossing your threshold as staff in areas with high transmission rates.
We are experiencing a two week lag in receiving test results. How does weekly testing of staff and residents still make sense?
In our discussions with the state, we identified this issue frequently and the state response is that the turnaround times will improve. However, now with the influx of tests from weekly testing, labs are overrun. The state continues to mandate weekly testing even when results are not available.
CDC says use standard and transmission based precautions if required based on the suspected diagnosis. If we have no suspected diagnosis, are face shields necessary.
CDC guidance states face shields are recommended for all staff care in areas with moderate or substantial transmission. The driving factor here is the potential for higher numbers of asymptomatic positives because of the spread in the surrounding local community. The statement noted above – use standard and transmission based precautions if required based on the suspected diagnosis – is a basic from the standard infection control guidelines – which have been enhanced to a large degree with the onset of the pandemic.
Is there any guidance on the due date for 3/31/2020 and later costs for Medicare
We are not aware of any further guidance beyond FYE 2/29/2020.
Is the $2.00 increase for direct care staff who may not be CNAs? Maybe just personal care assistants

This wage supplement package is for nursing homes only and for direct care workers in the following designated categories – RNs, LPNs, CNAs, and respiratory therapists.
How are facilities allowing any outside visitation or is it still limited to hospice and ADL decline because of lack of visit. Any idea how long the weekly testing will continue?
MDHHS guidance continues to restrict visitation to those two categories. Considering that community spread is increasing across the state, we anticipate we will see ongoing testing until there is a sense that the pandemic is improving
Do you want to mention that there is a POC test that is molecular and is not being provided? Just so that folks know it is out there.
Yes, there is a point of care test that actually identifies that the virus is in the body, rather than looking for antigens. However, it is not the tests that HHS is planning to provide. I also need to acknowledge that during the webinar I confused antibody testing with antigen testing. These HHS supported point of care tests can identify a currently infected person. It is only the potential for false negatives that would drive the need for continued testing and monitoring of persons who do not test positive.
Has MDHHS released an FAQ or more guidance on 333.2253? Visitation
MCL 333.2253 is the provision in the public health act that gives MDHHS the authority to act during a pandemic emergency. MDHHS guidance on visitation has not been updated and still focuses on two categories of exceptions to visitation restrictions as discussed above.

Resources

CDC Social Distancing 7/15/2020 https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html
CDC Update on Testing 4/17/2020 https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing.html
CDC Return to Work Decision Memo https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html
CDC Strategies to Mitigate Health Care Personnel Staffing Shortages https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
CDC Interim Infection Prevention and Control Recommendations for Staff https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
CDC Risk Assessment for Healthcare Workers https://www.cdc.gov/coronavirus/2019-ncov/downloads/appendix-1-hcw-risk-assessment-tool.pdf
CDC Flowchart for Management of Staff with Exposures https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/flowchart-risk-assessment.pdf
CDC Self Monitoring Form https://www.cdc.gov/coronavirus/2019-ncov/downloads/appendix-2-monitoring-form-templates.pdf
CDC Toolkit for Older Adults and Persons at Higher Risk https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/older-adults-and-people-at-higher-risk.html?deliveryName=USCDC_2067-DM33441

CDC Toolkit for Persons with Disabilities https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/people-with-disabilities.html?deliveryName=USCDC_2067-DM33441
CDC Training on Using PPE https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
CDC Key Considerations for Transfers to Relief Facilities https://www.cdc.gov/coronavirus/2019-ncov/hcp/relief-healthcare-facilities.html
QIO Training: July 23 https://qioprogram.org/nursing-home-trainings
NGA Memo on COVID Strategies for LTC – Updated 7/13 https://www.nga.org/memos/strategies-covid-19-response-long-term-care/