

# LeadingAge Michigan Safe and Calm Webinar Q&A – June 10 and June 12, 2020

Because there were a lot of similar questions on 6/10 and 6/12...we are integrating the Q&A and grouping questions together.

<b>Senate Bill 77</b>
<b>Does LeadingAge Michigan have a position on SB 77 Electronic Monitoring?</b>
LeadingAge Michigan is currently Neutral on SB 77, our testimony recommends that the legislature strongly look into forming a committee to properly implement the bill.
<b>Thoughts on what we should do in the AL setting when families want to install cameras. We are 'finding' them in the rooms now.</b>
We would recommend creating a formal policy around cameras. Often families are already installing cameras in long term care settings without permission. By establishing a system you then create a legal avenue for people to operate through so you can monitor the use of cameras.
<b>Can the facility refuse to assist in the mounting of the device? Our IT department helps with installing some other devices.</b>
The answer is yes, currently the bill states that the facility provide reasonable accommodation to provide a place to mount the device. This indicates that you have to help find a location but not assist in the actual mounting of the device.
<b>Senate bill 77 to install electronic device. Who would pay for extra power/outlet without use of extension/power cord</b>
The resident is responsible for all costs associated with the device including internet and power however, a facility still has to provide reasonable accommodation for a power supply. This term is vague and we are seeking clarification.
<b>Visitation and Social Distancing</b>
<b>What are facilities to do when a resident is going out to an appointment? Are they keeping them in isolation for 14 days?</b>
The CDC continues to recommend that residential facilities place residents returning from the outside in private rooms or observation areas. While we cannot be sure
<b>On June 15, salons in our region are allowed to open. In IL are we allowed to have our beauty shops open and the stylist come in or are they covered under the visitor restriction until June 26?</b>
This is a very gray area, and we have not received guidance about how to treat independent living now that the stay at home order has been rescinded. However, facilities are still under visitation restrictions and social distancing requirements. A conservative view which would take into account legal liabilities would discourage moving ahead of issued clear guidance.
<b>How do the current rules related to window visits at both SNF and senior living. We have families really wanting to have these.</b>
Closed window visits should not be a problem, as long as visitors are not entering the facility.

<b>Do you have any ideas about when the visitation guidance will be released</b>
<b>What are your thoughts about whether the state will extend after June 26th</b>
We believe that the visitation guidance will depend on the current transmission rate and testing outcomes as June 26 approaches. We cannot anticipate the Governor, but would think that reopening may come in phases as recommended by CMS/CDC.
<b>Testing</b>
<b>Are the increases in the states due to increased testing versus real increases?</b>
Experts are saying some of the increase is due to higher levels of testing but transmission has also increased.
<b>One recommendations from MDHHS for testing says: Testing at intake to any group living or congregate care setting, even without symptoms. Do you interpret this to mean SNF also? CDC currently says to place new admits in precautions 14d and then can dc if asymptomatic or may test for additional confirmation.</b>
The recommendations are for all congregate settings; however, nursing homes will be issued mandatory testing requirements in the near future.
<b>Is there going to be guidance for HFA exempt assisted living communities with respect to testing.</b>
HFA exempt assisted living facilities would fall under the congregate living recommendations dated June 10.
<b>So, 'at intake' would mean we test them upon arrival to us? What if they were testing at the hospital prior to discharge?</b>
If the resident was tested within 72 hours prior to admission, intake testing will not be necessary – according to the draft guidance.
<b>If residents refuse, will they have to be treated as if they are positive?</b>
Facilities will have to find a way to address residents who refuse, and protect other residents and staff. Treatment as if positive is one suggestion from CMS.
<b>Regarding testing at intake, if the hospital conducts testing prior to admission to the SNF, does the SNF still need to test?</b>
If testing has been done within 72 hours there will be no need to retest, according to the draft guidance
<b>Can you define staff? Is it only direct care staff?</b>
This is a good question and one that we have not heard discussed. If the final guidance does not clarify this, we will contact the department.
<b>Regarding baseline testing for staff, it took is three full days to test 290 employees, with a team of about ten nursing staff conducting the testing. The labor cost is extensive.</b>
We have talked extensively to the department about the cost and resources needed to comply with the draft testing requirements. However, they have not altered their position for weekly testing based on criteria.
<b>If you treat a resident as positive if they refuse, we would not have enough private rooms to isolate each resident who refuses. This is not a manageable approach.</b>
As long as residents do not have other known communicable disease, one approach could be to house refusing residents together. While there are not many viable options for residents who refuse, facilities will have to have a policy for dealing with this scenario.

<b>Just a statement: we have been trying to require new residents moving into our HFA/IL community to be tested prior to entry. Local testing locations will not test without symptoms. Frustrating</b>
We are communicating with the state about many testing issues
<b>Will a test 48 hour prior to admission or a rapid test suffice for the intake testing</b>
As noted above, the draft guidance allows testing within 72 hours to comply with the requirement for intake testing
<b>Are nasal swabs (not deep NG swabs) approved by the FDA and available in Michigan. A less invasive test may result in fewer resident refusals.</b>
This has been discussed with the department on numerous occasions. Other forms of testing are allowed by the CDC; however, the labs generally use nasopharyngeal testing. The department is looking into access to other test types.
<b>Please continue to advocate that testing weekly is tremendously burdensome. We understand risk of COVID, but for our residents with dementia, this test is very difficult for them.</b>
We have communicated concerns and will continue to do so. Should transmission decrease especially in nursing homes, we believe the state may alter its current protocol.
<b>If N95 masks are unavailable and baseline testing needs to be completed soon – no one has symptoms. How should we safely proceed with testing? Surgical mask and shield?</b>
While N95 masks are generally the recommended form of protection, facilities should consider methods to optimize PPE. Before using shields and masks, however, we would recommend discussion with your local health department.
<b>If they require weekly testing the results are going to need to come back faster. We participated in the National Guard testing and were told tests went out of state and could take up to two weeks.</b>
<b>We tested large numbers of staff too and it took 10-14 days for staff to receive their results. We did not receive the results for staff. How can this help.</b>
The department has communicated that is working to speed up reporting of test results. They appear to be fully aware of the disconnect of the requirements if testing results are not readily available.
<b>Can you clarify – the MDHHS notice for testing that came out says recommendations but the slide says mandated practices for SNFs</b>
The MDHHS notice for testing that was issued on 6/10/2020 were recommendations for all congregate facilities. We have been informed that SNF testing will be mandatory and requirements will be coming out shortly.
<b>Is the state looking at each individual county's risk level or are they only looking at regions.</b>
They are looking at very large regions and we have submitted comments about the variation that can easily occur in such large areas. However, they appear to be committed to using the regions.
<b>We are experiencing the same for our staff ....denied testing at every location in Grand Rapids since no symptoms</b>
We will communicate this to the state

<b>Comment that is high complexity lab test required under CLIA, point of care rapid tests are permitted at site with only a CLIA waiver. So unclear how point of care tests would comply. Seems we need additional guidance on permitted testing.</b>
<b>It was Oakland County that would not release staff test results to employers.</b>
Point of care tests could be performed in the hospital within 72 hours of the admission
<b>Can you please restate when weekly testing is going to be mandatory, thanks</b>
We are awaiting final guidance. We anticipate that it will be in late June.
<b>I saw an advertisement yesterday that Rite Aide in Traverse City and Petoskey were offering self-administered nasal swabs by appointment with the pharmacist observing. With turn- around time in 24 hours. That could also work for a nursing home.</b>
Good observation
<b>Should N95 be used for all care on COVID suspected or positive and how long after the test is completed and negative</b>
The CDC recommends use of N95 masks for all COVID care but their guidance also points to methods to reserve PPE; the state allows surgical masks for COVID care as long as there are no aerosol generating procedures.
<b>Any discussion about who pays for this testing, especially for our staff on a weekly basis?</b>
It is the state's contention that Medicare, Medicaid, and private insurance should still cover all testing without copays. However, if there are problems they suggest you contact MDHHS.
<b>Our health department had advised not to continue mass testing because residents are more and more likely to refuse continued testing.</b>
<b>Note that Washtenaw County Health Department is not supporting testing employees of our AFC/AL/IL at this time. They did provide the testing for our SNF employees however. They took the national guard tests back because we never received the appropriate paperwork or labels.</b>
<b>Do resident need to be tested weekly. The health department does not agree with ongoing testing in our community</b>
We are communicating issues with inconsistent messages from health departments and anticipate that should end once the guidance is issued.
<b>We did baseline testing last week because of a positive staff. We did not do testing this week because it took three days to do this. Now will we have to repeat 'baseline' testing since we did not follow it up the next week with another round?</b>
Once you do baseline testing, that should be enough. However, if you do have a COVID positive person in house, you will have to repeat testing weekly for all staff and residents.

<b>Other Issues</b>
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**Is there anything in the works to add compensation for HFA and AFC workers? Paying an extra \$3 to nursing home workers, and giving people \$600 in unemployment makes staffing very difficult.**

We have had an ongoing discussion about staffing issues and will continue to do so. There is a focus right now on nursing homes because of the high number of cases and deaths there. We may have better support for AFC/HFAs when the data is reviewed.

**As we try to move out of Phase 1 in SEMI, can we decide not to accept a brand new COVID positive admission**

Technically, if you have a dedicated unit, appropriate supplies and staffing, and have successfully implemented transmission based precautions, you are supposed to take the resident. However, there are considerations to adding a COVID positive resident to a non-COVID facility. You might consider coordinating with the local health department and referring hospital.

### Resources

June Updates to MDHHS Reporting

<https://www.michigan.gov/coronavirus>

[QSO 20-29-NH](#): Interim Final Rule for Notification of Confirmed/Suspected COVID cases

**Reopening Guidance from CMS**

<https://www.cms.gov/files/document/covid-recommendations-reopening-facilities-provide-non-emergent-care.pdf>

**Patient guide**

<https://cms.gov/files/document/covid-what-patients-should-know-about-seeking-health-care.pdf>

**and in Spanish here:** <https://www.cms.gov/files/document/covid-what-patients-should-know-about-seeking-health-care-spanish.pdf>

[QSO 20-30-NH](#): Nursing Home Reopening Recommendations

[EO 2020-36](#): Protecting workers who stay home, stay safe when they or close contacts are sick

[EO 2020-61](#): Temporary relief from certain restrictions and requirements governing the provision of medical services

[EO 2020-95](#): Enhances protections for residents and staff of long term care facilities during the COVID-19 pandemic

[EO 2020-108](#): Temporary restrictions on entry into healthcare facilities, residential care facilities, congregate care facilities, and juvenile justice facilities

[SB 77](#): Use of electronic monitoring in nursing homes

**LeadingAge Advocacy Letter:**

<https://www.leadingage.org/sites/default/files/LeadingAge%20June%20letter%20to%20Congress%206-8%20FINAL.pdf>

**LARA Fingerprinting Guidance**

<https://miltcpartnership.org/longtermcareportal/home/news/95?referer=EXECUTIVE%20ORDER%202020-61%20GUIDANCE>

