

LeadingAge Michigan Safe and Calm Webinar – May 22, 2020
Questions and Answers

How do you find the UHG deposit number?
We assume it is associated with the deposit information. The monies are coming through the United Healthcare Group.
We were informed by Washtenaw County Health Department that these tests are limited only to SNFs and were not provided testing for AFC, AL, IL What are the reporting requirements today and what are the time frames for reporting for HFAs?
The current plan for testing in Adult Foster Care, Homes for the Aged, and Assisted Living Facilities was issued on 5/22. These providers must report data as directed in Executive Order 2020-95. The web-based tool, SurveyGizmo will collect data. LTCFs (except for nursing homes) can register at https://www.surveygizmo.com/s3/5585162/MICHIGAN-LTCF-REPORTING-REGISTRATION Weekly reporting can be submitted to https://www.surveygizmo.com/s3/5582391/MICHIGAN-LTCF-REPORTING Instructions can be found at https://www.michigan.gov/documents/mdhhs/MDHHS_LTCF_COVID-19_Data_Collection_Instructions_691549_7.pdf Providers must start reporting data by noon on 5/25 for the period May 18 through May 25 at midnight.
So, are facilities proceeding to test all residents and staff? How often? Are we essentially waiting for more directives or should we be proceeding?
The state of Michigan has an initiative to obtain baseline testing for all long term care facilities and staff. The entire upper peninsula and 20 lower peninsula counties are currently prioritized for testing for nursing homes. A separate plan has been developed for AFCs/HFAs but currently it is not public, and we do not think it has started. Funding for this undertaking has been received through the CARES Act. We suggest waiting for baseline testing from the state, and then waiting for additional information as it becomes available. It is unclear about resources or frequency of the ongoing test plan at this point.
What about reporting to residents and families of positive cases?
Nursing homes are required under both CMS and MDHHS directives to report to residents and families when there has been a confirmed case. There is no directive to report to residents and families any COVID Cases for HFAs/AFCs/assisted living. However, HFAs/AFCs/Assisted Living/Nursing Homes must report to employees when a positive case has been identified.
Those testing guidelines are recommendations right now and not mandatory. Do you see repercussions if we decide not to unless mandated? We are a small facility and COVID free so far – both staff and residents.

While there currently is no mandate to test in Michigan, facility wide testing is now being covered by MDHHS through the CARES Act. The state may decide not to fund testing at a later date. Minimum criteria established by CMS for nursing homes indicates that testing will be needed before any reopening of nursing facilities can be considered. There is always a possibility that the state could mandate testing in the future, if a significant number of persons refuse testing and community transmission continues. Also note, that everyone is mandated by CMS to have a testing plan, and delays in testing could be an area that might be cited.

Does the risk of COVID and its potential harm to other residents result in those with dementia not being able to decline testing? In other words, do residents lose their right to refuse because of potential harm to those around them?

Since there is no legal mandate for testing, no one is required to comply. However, per CMS guidelines, facilities must have a policy to address staff and resident refusal for testing, since it does place others at risk. They included an example where facilities could treat persons who refuse the test as COVID positive.

I am hearing about alternative to the deep nasal testing. Are facilities here in Michigan using saliva tests or oral swab tests? I know that other states are using those alternatives.

CDC guidelines no longer state a preference for naso-pharyngeal testing and identify a list of testing options. However, the current state testing initiative for nursing homes generally focuses on naso-pharyngeal testing. We are not sure what individual facilities are doing.

Just an FYI, we were on track to test staff this week, but test kits arrived with no labels or forms, or transport bags. We were told originally we would have to send tests to a commercial lab, but there seems to be confusion. The county health department is telling us to wait, although they have now received the forms. So far, it has been very disorganized and they have very few answers to our questions. Hope this process smooths out soon.

Thank you for that information. We will pass it on to the State Testing Workgroup.

Do we need to have a dedicated area within our assisted living for COVID positive residents? All assisted living rooms are single, studio apartment type rooms, so the resident can be fully isolated in their room. We would not want to transfer a positive assisted living resident to our SNF at this point because our SNF does not have any positives. The SNF does have a designated unit if we need it, but we would not transfer in a positive unless we already have a positive in the SNF.

There is MDHHS clear guidance that COVID positive persons must be served in a dedicated unit. Unless you can make a dedicated unit in the assisted living area, a private room or apartment may or may not be sufficient, considering that the requirements are broad but there are a few specifics. You must have dedicated staff, which might be hard in a private room. You must have an entrance areas where staff can don and doff PPE. And you must ensure that traffic does not flow through the area, which would be hard if staff are donning and doffing PPE in a hall.

We have to notify employees of positive residents within 12 hours, but do we have to notify employees of other employees who are positive? Can you clarify this please?

This is an area that is not specified in the guidance; however, we would assume that there would be no difference in risk between an affected employee or resident. It would seem that notifying employees of other employees would be prudent, although consider not identifying the employee. And of course, such employees would be required to stay home until they meet discontinuation guidelines.

For IL is there anything prohibiting residents to gather in small groups of ten or less? We understand no restaurants, salons, no visitors, or gyms.

There is a lot of confusion about how to apply the executive orders to independent living, and in fact what the definition of independent living might be. In our view, any multi-family housing where there is more than one apartment and where residents and guests enter through common doors and move through a building to an apartment is independent living. We would not consider housing provided in single or duplex dwellings independent living if residents enter and exit from their apartment or cottage to the outside.

It is our understanding that the safe at home orders apply to these settings in a similar way that the orders apply to all environments, with exceptions as noted in subsequent 'relaxing' orders. EO 2020-72 specifies the need to restrict visitors and screen staff and visitors for independent living.

You are correct that in groups in restaurants, salons, gyms and general visitation is still not allowed. The most recent stay at home order does now allow groups of ten to meet with social distancing. How this might apply to independent living is a gray area – since EO 2020-72 does call out specific visitation orders for independent living but does not provide for the same internal restrictions as for other senior residential settings.

We responded during the webinar that it would seem that social gatherings of ten or less might be appropriate in independent living, given the relaxation of stay at home orders. If you have not yet allowed limited group activities, also consider the entire circumstances. First, the executive order expires in three days on May 31, so it might be prudent to wait. Second, are there known COVID positive residents in your facility or is the facility in an area with high community transmission rates? Can your residents maintain social distancing requirements?

We believe that the relaxation orders could support small group activities using safety precautions, but this is an area that each community should decide on their own.

Where are we with having non-essential workers continuing to work from home where possible? When should those restrictions end?

Executive Order 2020-96 effective through 6/12/2020.

Workers necessary to conduct minimum basic operations as determined by individual businesses in writing and with social distancing can work onsite if cannot effectively work from home.

Workers who perform 'resumed activities' defined in the executive order that could affect senior care include: training, credentialing, and licensing first responders or health care workers including certified nurse assistants, in Regions 6 and 8 on 5/22 workers in an office setting to the extent the work **cannot be done remotely**. Other relaxations do not impact senior services directly. We do not expect changes before June 12.

Web Links

QSO 20-30-NH

<https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf>

CDC Activities and Initiatives Supporting COVID Response 5/2020

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

CDC Training for Health Care Professionals

https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html?deliveryName=USCDC_425-DM28641

CDC Clinician Guidance for Treating Persons with COVID

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

CDC ICAR tool

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

CDC Preparing for COVID 19 in Nursing Homes 5/19 update

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC Facility Wide Testing

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

MDHHS Provider Letter L 32

https://www.michigan.gov/documents/mdhhs/L_20-32_691502_7.pdf

Michigan Executive Order 2020-50/2020-84/2020-95

https://content.govdelivery.com/attachments/MIEOG/2020/05/20/file_attachments/1456437/EO%202020-95.pdf

MDHHS Emergency Order**Reinforcement of Executive Orders 2020-69/71/91/92**

https://www.michigan.gov/documents/coronavirus/MDHHS_epidemic_order_-_reinforcing_governors_orders_5-18_SIGNED_691125_7.pdf

MDHHS Regional Hub Guidance

https://www.michigan.gov/documents/mdhhs/Guidance_and_Protocols_for_MDHHS_Designated_COVID-19_Regional_Hubs_687533_7.pdf

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LeadingAge Michigan Safe and Calm Webinar – May 27, 2020

Questions and Answers

Regarding Testing – we are in northern Michigan. Our county is not in those listed. Do we just sit tight until they get to us??

County testing is prioritized based on the amount of community transmission and identified facility needs. The state plans to continue statewide testing in sets of about ten counties at a time. Next counties to be tested are Montcalm, Lapeer, Shiawassee, Isabella, Tuscola, Huron, Newaygo, Hillsdale, Barry, Midland, and Allegan. The state will continue to prioritize nursing home testing by county until the entire state has been tested. All counties should be covered soon, although testing might slow down as currently the National Guard is only scheduled to assist through the first week in June. The Governor is asking for an extension.

Any guidance for families visiting with residents outside?

For nursing facilities, homes for the aged, adult foster care, and assistant living, we have no further guidance at this time. However, LeadingAge Michigan has opened these discussions with the state and a workgroup chaired by Larry Horvath at BCHS is considering the idea and will provide information to the Governor in a few days.

What if location has cottages with individual entrances and apartments buildings with one entrance? Is part covered and part not covered by 72?

See response above under 5/22 webinar. We have considered independent living to include those facilities that have common entrances. Residences that are single family dwelling or cottages, or a duplex that enters and exits to the outside would not be considered an independent living facility.

Unless I am reading it wrong, I don't see that 2020-72 includes the ban on communal dining and group activities.

You are correct that 2020-72 does not include a ban on communal dining and group activities. However the serial state executive orders for staying at home and requirements to suspend activities that are not necessary to sustain or protect life would apply to independent living. The risk for seniors is significant and currently restaurants are still closed for most regions. Group activities are only now just allowed for groups of ten or less with social distancing. See response to this issue in 5/22/20 QA above.

Is there any guidance on NF staff flying for vacations and their return to work? Do they need to self-isolate for 14 days prior to RTW?

Current guidance has not changed for screening for travel and isolating travelers. 5/27 CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>) continues to encourage persons to stay at home, but also provides considerations for travelers. Considering that there are no specific changes to CMS guidance for this, and that seniors are a high risk population, we suggest that isolating would be prudent for 14 days following travel.

So, is this ban on communal dining and group activities still in place for independent living facilities? It looks like this is part of EO 95 which does not include independent living facilities. This, I am wondering if I am missing something or if we should very gradually and cautiously evaluate allowing minimal activities and limited, socially distanced dining. We don't have any positives in our facility

Per executive order 72 residential care facilities includes independent living facilities. What is an independent living facility? Does a HUD housing senior apartment building with a service coordinator fall within the definition of an independent living facility?

See earlier responses for 5/22 and 5/27 webinars.

We have residents who are wanting to attend church out in the community since they are open now. We are discouraging this but in independent living it is getting harder to regulate this. We have told them they may have to self-isolate for 14 days. How long can we continue mandating this?

This is another area where there are no specific mandates for independent living under Michigan guidance; except for the general stay at home orders and suspending activities unnecessary to sustain or protect life do apply to independent living. The difficulty is that while churches may be open, there is no allowance under 2020-95 section 8 to attend church specifically, although persons are allowed to attend social gatherings if no more than ten persons are included. And of course social distancing requirements apply. In nursing facilities, persons going out do have to self-isolate for ten days. It would seem that this would be another case of facility decision making with the understanding that 1) you cannot legally keep residents from leaving and 2) is there community transmission in your area that could support your need to continue to protect other residents 3) will the church have ten persons or less and will they require social distancing.

Can we get a collection of independent living internal policies and share?

Yes, we will send out a request with the webinar information and through the Housing Listserv as well

We just received an email at 10:45 am that the state is requiring us to send a letter to all residents and responsible parties that explains how to file a complaint and includes a complaint form. Is everyone getting this letter? Has LeadingAge heard about this?

See 5/27 LeadingAge Michigan COVID update.

Do you think legislators will be more open to conversations since this is an election year?

Yes, during any election year legislators are more open to ideas. Legislators are looking to develop their election platforms leading up to and during campaign season. With a shortened campaign season, due to COVID-19, we expect legislators to be more active in their communities than they normally are.

Will you be sharing this report with people at MSHDA?

Yes, MSHDA and HUD's overall response has offered very little in terms of operational guidance for housing providers. We will continue to advocate for more clarity from MSHDA for Housing providers.

Web links

CDC Testing

Interim Guidelines for viral testing (not antibody testing)

Collecting, handling, and testing clinical specimens for COVID

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

Interim Guidelines for Using Antibody Tests

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html>

Specimen Collection

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/OASH-nasal-specimen-collection-fact-sheet.pdf>

Testing Guidance for Nursing Homes (May 19)

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

Performing Facility Wide Testing in Nursing Homes (May 19)

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

CMS Reopening Guidance

<https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf>

QSO 20-30-NH

https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173_99225---,00.html

CDC Dedicated Units

EO 2020-96 – 6/12

Stay at home with some flexibilities

10 person social gatherings

EO-2020-95 (EO 2020-50)

Through 6/17/2020

Includes NF, AFC, HFA, AL

Dedicated units

Retesting

Safe transfers

Communal Dining

EO – 2020-72 until May 31

Includes NF, HFA, AFC, hospice, independent living, assisted living

Limits to visitation

Screening all staff/visitors

Whitmer Work Share Program

https://www.michigan.gov/leo/0,5863,7-336-78421_97241_89981_90231_90233_99653---,00.html

AHRQ Primer on Human Factors

<https://psnet.ahrq.gov/primer/covid-19-team-and-human-factors-improve-safety>

<https://jamanetwork.com/journals/jama/fullarticle/2766599>

Robyn Stone: Under the Radar: Affordable Senior Housing Communities Need Support to Fight COVID-19

<https://www.healthaffairs.org/doi/10.1377/hblog20200515.635326/full/>

5/27/2020 Responses to Webinar Questions

Testing

Has the state been to your facility to do baseline testing yet?

If so, did that experience go well? Is there any feedback that we need to offer to MDHHS?

Have you done any facility testing on your own?

Is there any problem getting test kits or labs to perform the test?

Any problems with turnaround times for results

If you have done some facility testing, is it being ordered by your Medical Director or someone else? Have you had any problems with getting insurances to pay for the tests and have they covered all the copays?

We are in Kent County and have not been contacted about baseline testing.

Our plan to test employees remains on hold by the local health department as they work out logistics with DHHS and get answers to their questions. Testing was supposed to be completed last week. No word on when we can proceed.

We still don't have all the supplies. We worked with the health department three weeks ago to test all resident following a positive employee. First time sending tests to the state lab took close to 72 hours for results versus local hospital test results in 6-8 hours. (Washtenaw County)

Baseline testing – yes completed; it was very disorganized

We have tested some residents when they are potentially symptomatic.

We are in Wayne County and the National Guard dropped off testing kits, but we do not currently have plans to test all residents and staff. We are considering it for the future.

Cohorting

Have you set up a dedicated unit?

Are you able to staff it with dedicated staff?

Do you have a separate observation unit? If not, how are you treating persons under observation for COVID?

Are you currently having difficulty obtaining PPE?

Are you minimizing use of PPE in any way – reusing or extending?

Are you comfortable with current supplies sources for the near future?

We do have a dedicated unit and have dedicated staff for that unit should the need arise. We have a small pseudo unit, but it is in our HFA area. We are using it for residents under suspicion until test results are back. We are unable to staff the pseudo unit with dedicated staff.

We do have a dedicated unit here in Macomb county. Dedicated staff except for housekeeping and activity professionals who still go on that unit. We do not have room for a separate observation unit. We try to keep residents in a private room if we can.

We have observation unit only at this time and no COVID residents. Staffing is okay. Part of an acute care system and LTCs are having some issues getting new masks for clinical staff each day because organization doesn't feel it is required....wants to see it in writing.

We are good so far with PPE (nursing home)

We are not comfortable with the current supply of PPE. ALs are not considered a priority when ordering.

Independent Living

We have been advised that senior apartment buildings are not included in the independent living facility definition

We are still not allowing our independent living residents to leave the building except for essential medical appointments. They are also not allowed to have visitors except for rendering of medical care.