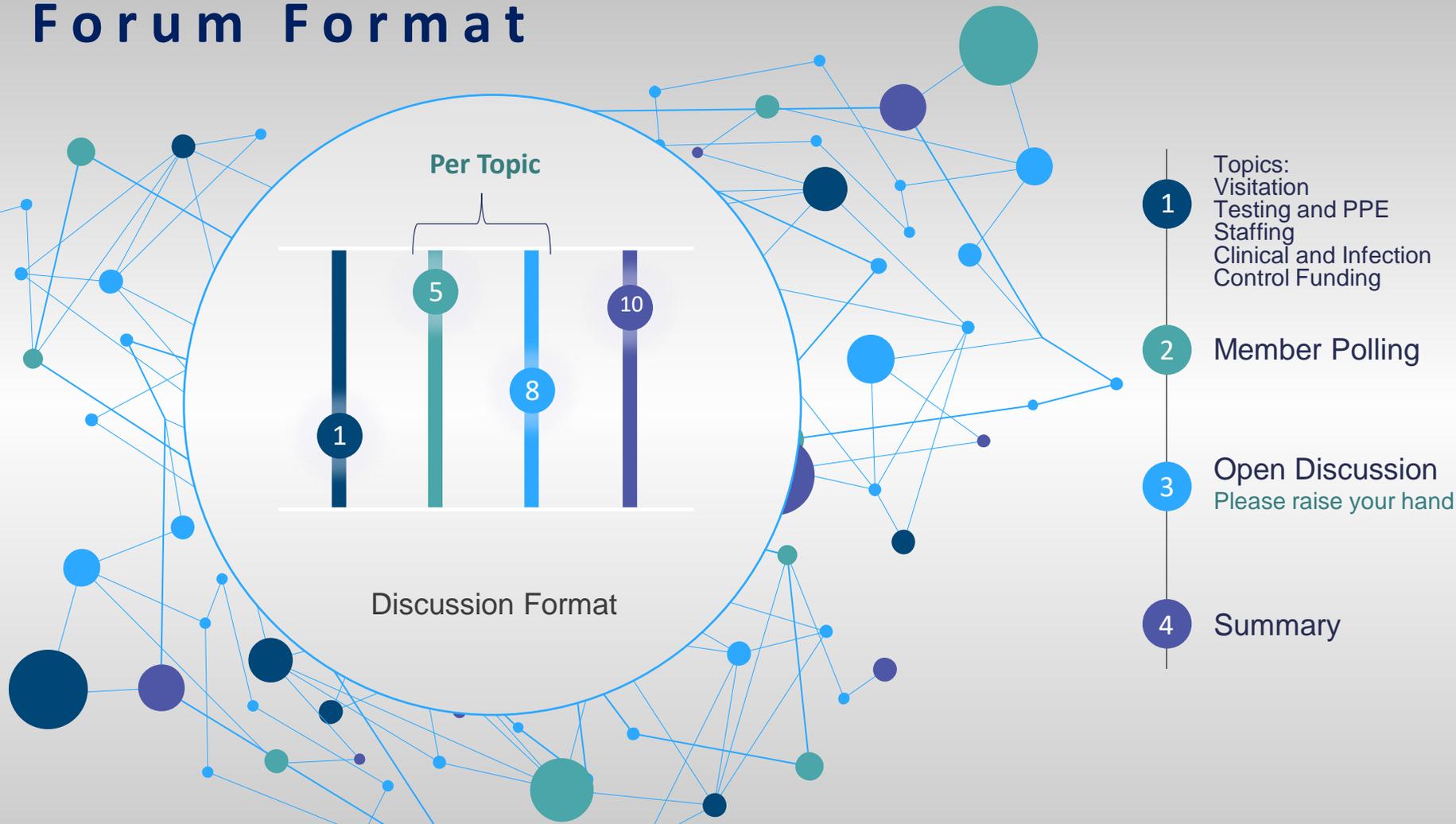


# LeadingAge Michigan Advocacy

# Forum Format



# Visitation Polling Response



Visitation restrictions need to be adjusted for all levels of residential care



Unlicensed settings (IL-AL) should be excepted from any visitation requirements



Unlicensed settings can use CDC recommendations to address IPC and visitation issues on their own



NH, AFCs, HFAs have the capability and capacity to manage visitation in ways that will protect seniors from infection



The impact of ongoing visitation restrictions outweighs the risk for infections if we all use CDC safety precautions

# Open Discussion

## Topics

**A** Visitation

**B** Testing and PPE

**C** Staffing

**D** Clinical Care and IPC

**E** Funding

**How are facilities developing policies for visitation and other COVID related issues? Is there an executive team weighing in on these decisions?**

**D unlicensed settings have adequate emergency response plans to address pandemic level issues if they are removed from the executive orders covering visitation?**

**What positive experiences have resulted from the relaxing of some of these visitation restrictions.**

## Guidance Summary

- Scheduled, tracked, limits to number
- All safety precautions/screening/handwashing availability/PPE
- Designated entrances/limitations on movement
- Posted communications
- Staff to assist with 'transition', monitoring, disinfection
- Outdoors when feasible
- No movement through COVID space

# Testing/PPE Polling Response



Using the MSS Map as regions for testing is inappropriate?



POC testing will solve a lot of problems even if we have to get a CLIA waiver?



We currently have no problems in obtaining test kits?



We currently have no problems in obtaining PPE for testing and general infection control?



We are concerned that ongoing testing will cause some staff to quit and some to be quarantined?

# Open Discussion

## Topics

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**Do members at this point believe that testing is completely unnecessary?**

**How would you prioritize nursing homes for testing?**

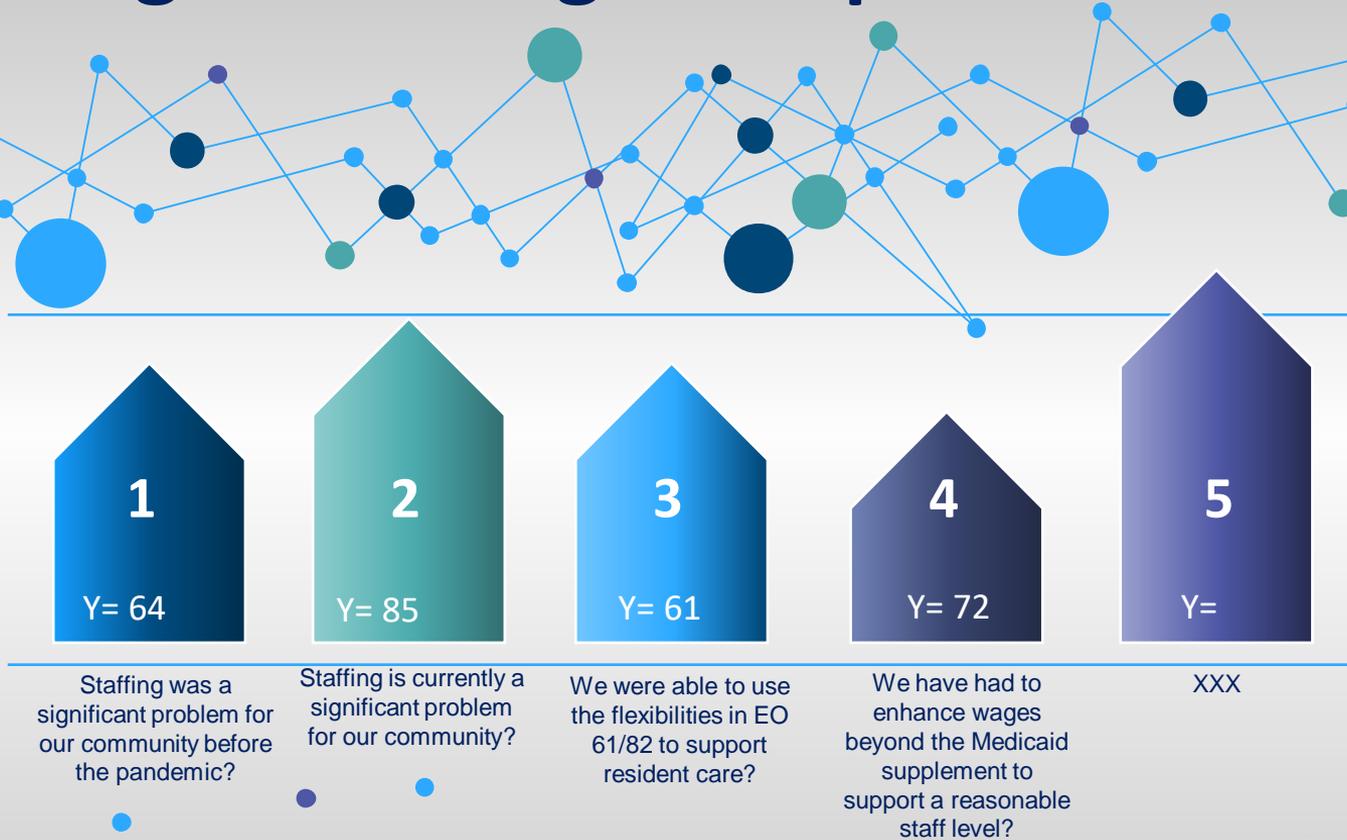
**Should testing be extended to other licensed settings? What about unlicensed?**

## Guidance Summary

### Nursing Homes

- Baseline for staff and residents
- All residents on admission
- When there are symptoms
- Weekly resident and staff testing when COVID in the facility
- Weekly staff testing with medium or greater community transmission

# Staffing Polling Response



1

Y= 64

Staffing was a significant problem for our community before the pandemic?

2

Y= 85

Staffing is currently a significant problem for our community?

3

Y= 61

We were able to use the flexibilities in EO 61/82 to support resident care?

4

Y= 72

We have had to enhance wages beyond the Medicaid supplement to support a reasonable staff level?

5

Y=

XXX

# Open Discussion

## Topics

A Visitation

B Testing and PPE

C Staffing

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E Funding

**Do you believe that the state plan for emergency staffing will be helpful?**

**Have you had to use agency staff during the pandemic?**

**What would help support staffing needs for your community? In particular, which portions of EO 61/82 were most supportive in providing resident care?**

**Guidance Summary**

**MDHHS Michigan  
Emergency Staffing  
Protocol**

**72 hours**

**Agency Network**

# Clinical/IPC Response



Nursing homes: We are comfortable with our general capacity to serve COVID positive patients?



Non-nursing homes: We use CDC and nursing home guidance to develop our policies and programs?



Non-nursing homes: We have the capacity and capabilities to serve COVID positive residents in our community?



All providers: We need more training on infection control and CDC guidance to be effective?



All Licensed Providers: We currently are using a dedicated unit and dedicated staff?

# Open Discussion

## Topics

- A Visitation
- B Testing and PPE
- C Staffing
- D Clinical Care and IPC
- E Funding

**What is your thinking about the regional hub concept? Is it needed? Are you comfortable sending your residents there?**

**What would it take for a NFP facility to want to become or manage a regional hub?**

**If a second wave hits, will you be ready? What is the most appropriate option for COVID post acute and long term care in your geographic region?**

## Guidance Summary

EO 2020-148 –  
Regional Hubs

For hospitals and  
nursing homes only

Lucido Bill

# Funding Response



For licensed settings: our census has been hit by decreased number of post-acute admissions and/or fears about sending seniors to congregate settings?



Difficulty in balancing increased costs versus diminished revenues will cause a major crisis for our organization in the near future?



We have been able to support our needs for funding using the grants and loans made available earlier during the pandemic?



More grants and loan opportunities will be necessary in the near future to maintain our community?



We need more training on how to use grants and loans?

# Open Discussion

## Topics

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**Historically, our profession has used increases in the provider tax program as an offset to rate reduction. What are your thoughts?**

**How important are messages about the not-for-profit difference in our discussion with policy makers; can we continue to distinguish ourselves?**

**In addition to our frequent communications with the Governor's office, should we embark on a letter writing campaign? Have members been in contact with their legislators?**

## Guidance Summary

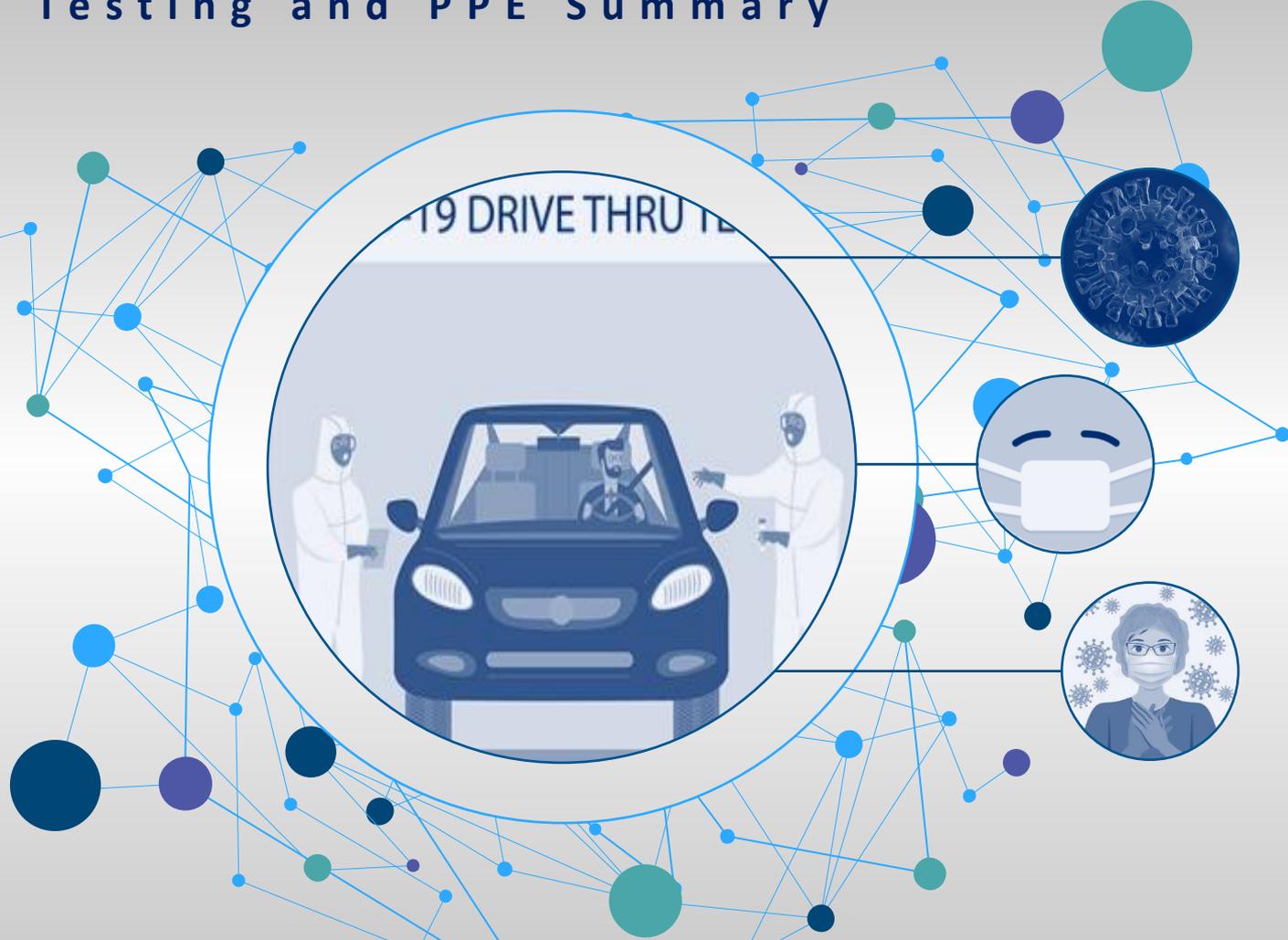
- MDHHS has two proposals on the table: move the VCL to 65% and move to a PDPM methodology

# Visitation Summary



Key Messages:

# Testing and PPE Summary



Key Messages:

# Staffing Summary



Key Messages:

# Clinical Care and Infection Control



Key Messages:

# Funding



Key Messages:

# Thanks

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