

Michigan Department of Health and Human Services Residential Care Facility COVID-19 Response: Visitation Frequently Asked Questions

October 2, 2020

On March 10, 2020, Governor Gretchen Whitmer declared a state of emergency in response to the 2019 Novel Coronavirus Disease (COVID-19). Following this declaration, the Michigan Department of Health and Human Services (MDHHS) has been taking action to leverage available regulatory authorities to support Michigan's healthcare infrastructure and maintain the commitment to high quality services and safety to Medicaid beneficiaries.

On June 30, 2020, MDHHS issued an [Emergency Order Under MCL 333.2253](#) to provide guidance relative to visitation restrictions for the range of Michigan's residential care facilities, referred to as "facilities." On September 10, 2020, MDHHS issued an [Emergency Order](#) informed by recommendations submitted to the Governor on August 31, 2020 from the Quality of Life workgroup of the Nursing Home COVID-19 Preparedness Task Force, as well as recommendations by the Center for Health and Research Transformation (CHRT). This order further clarifies visitation requirements outlined in the original order, while providing for new flexibilities in visitation opportunities. These orders are intended to be additive as visitation guidelines evolve to balance the ongoing health crisis brought about by COVID-19 with deleterious effects of prolonged isolation on long-term care facility residents. This FAQ document is intended to supplement these documents and provide further context for the visitation requirements described therein.

Updated information is highlighted.

General

1. What facility types are covered in the visitation Emergency Orders issued by MDHHS?

The Emergency Orders regarding visitation apply to Assisted Living, Independent Living, Nursing Home, Adult Foster Care, and Home for the Aged facilities.

2. Where can you find guidance on the testing requirements for medical and non-medical service providers that are not in the facility full time?

Facilities should apply the same testing requirements as other staff working within their facility. Note that MDHHS issued an [Emergency Order on June 15, 2020](#) mandating regular testing of Nursing Home staff and residents. [Associated FAQs](#) outline to which staff the order applies, including the implications for contract staff. If an individual contractor spends 8 or more hours per week within the facility, they are subject to regular testing requirements.

3. What are the guidelines for local health department safety determination based upon local epidemiological conditions as stated in the order:

"a. The facility has had no new COVID cases originate in the facility, including those involving residents or staff ("facility-onset cases"), within the prior 14 days. Admission of a resident who is known to be COVID-19-positive at the time of admission does not constitute a facility-onset case;

**Michigan Department of Health and Human Services
Residential Care Facility COVID-19 Response: Visitation
Frequently Asked Questions**

b. The Local Health Department has not made a determination that the facility is unsafe for visitation based upon local epidemiological conditions; and

c. The facility is able to meet all additional requirements identified in Section 4 of this order. “

The local public health official may determine outdoor visitation is unsafe if the Michigan Economic Recovery Region where the facility is located has daily New Cases per million population above 150 cases per million and the most recent percent positivity is above 20 percent. The Case metric should be assessed for the date 7 days prior to current date and should include confirmed and probable cases but exclude Corrections. These statistics can be found at www.mistartmap.info under Epidemic Spread.

In addition to the case and positivity criteria above, the local public health official may also use professional judgement to consider other measures of epidemiologic risks in their community around the facility.

Family/Loved One Visits

- 4. Outdoor visits are not feasible for all residents due to cognitive status, hearing deficits and weather. Is there any consideration for allowing indoor visits if these circumstances are documented for residents?**

At this time, the additional visitation provisions are extended to outdoor visits while weather will allow. MDHHS is aware of various circumstances that make outdoor visits impractical and will continue to evaluate based on an epidemiological assessment of COVID-19 spread in the state.

- 5. The Emergency Order uses the language "whenever possible" to describe the use of outdoor spaces for visitation purposes. Does this mean if a facility conducts a full analysis of the circumstances and screens visitors appropriately that indoor visits with the proper social distancing and preventative measures are allowable?**

No, indoor visits with family members or relatives are not allowable. Medical providers or other non-medical providers may provide services indoors if they meet the provisions outlined in the order.

- 6. The Emergency Order released on September 10, 2020 states that all persons must maintain a 6-foot distance, does this apply to visitors from the same household?**

Visitors from same household do not need to maintain a 6-foot distance from one another, however, they do need to maintain a 6-foot distance from residents and staff.

- 7. Are facilities required to consult with the local health department to establish outdoor visits? If yes, how often should facilities be communicating with LHDs on the topic?**

**Michigan Department of Health and Human Services
Residential Care Facility COVID-19 Response: Visitation
Frequently Asked Questions**

LHDs are continuously engaged in ongoing assessment of epidemiological factors that could impact the need to adjust guidance for long-term care settings. Facilities should move forward with visitation allowances as outlined in MDHHS epidemic orders unless notified to the contrary by their LHD.

- 8. Can facilities begin offering visits as indicated in the September 10, 2020 Emergency Order on September 15, 2020 while the Local Health Departments are awaiting related guidance and without a determination from the LHD?**

Facilities may begin offering visits as outlined in the September 10, 2020 Emergency Order unless the LHD has communicated a determination that the facility is unsafe for visitation based upon local epidemiological conditions.

- 9. The Emergency Order released on September 10, 2020 refers to trained staff or volunteers are available within "sufficient proximity to observe and assure compliance." What does this mean?**

The expectation is that the requirements of the order are adhered to during these visits. In support of this, the intent is that the staff or volunteer facilitating the visit will be within sight range in order to observe and assure that the provisions of the order are being followed.

- 10. The September 10, 2020 Emergency Order allows outdoor visits only, however the Emergency Order released on June 30, 2020 states "Facilities may permit entry of visitors consistent with section 3 of this order if the facility: Uses designated outdoor locations where feasible, and otherwise uses the resident's room or other designated locations." Under which circumstances is the use of the resident's room or other designated locations allowable?**

The Emergency Order issued on June 30, 2020 indicates that visits within a resident's room or other designated location are allowable only if the visit supports activities of daily living ("ADLs"), are necessary to ensure effective communication with individuals with hearing, vision or speech impairments included within the June 30, 2020 order, or are in "serious or critical condition or in hospice care."

Non-Medical Services and Supports

- 11. Does the September 10, 2020 visitation order permit beautician services indoors, if the same precautions as other medical professionals are followed?**

The order states that the services can be provided if there is potential negative harm to the resident. Services should be provided outdoors if feasible, however indoor services are allowable if they cannot be performed outdoors and precautions outlined in the order are met.

- 12. Is a physician order required to indicate need associated with non-medical services, such as beautician services, to support the need for an appointment?**

**Michigan Department of Health and Human Services
Residential Care Facility COVID-19 Response: Visitation
Frequently Asked Questions**

There is no need for a physician order, facility staff can assess resident need.

13. The September 10, 2020 visitation guidance indicates that in-person services are allowable when the services cannot be done remotely, what are examples of services that should remain remote?

Facilities should assess if it is possible to perform the service remotely, while beautician services may not be performed remotely, it is possible that some clergy services or other similar services still be offered remotely.

14. How is need defined related to non-medical services such as beautician services? Does an individual's dignity and feeling of worth fit within the definition?

Facilities should take into consideration a number of factors including the resident's physical, psychological, and emotional well-being.

15. Are voting assistants permitted entry into long-term care facilities?

The September 10 visitation order allows for in-person visits from non-medical service providers, which may include voting assistants. Voting assistants are required to abide by restrictions put in place by facilities consistent with the June 30 and September 10 orders.

16. What role can volunteers play in supporting visitation under this order?

Where staffing is limited and may impact the ability of facilities to support visitation, facilities are strongly encouraged to engage volunteers to support visitation when appropriate, in accordance with state and federal orders and guidance. To reduce social isolation and loneliness, visitation volunteers can assist with:

- Scheduling visits for residents;
- Conducting screening of visitors;
- Escorting visitors or residents to visitation location; and/or
- Monitoring visits for infection control compliance.

Unless the individual has already been trained in infection control requirements, facilities must train eligible visitation volunteers on these requirements including, but not limited to use of PPE, hand hygiene, physical distancing, health screening of visitors, disinfection of visiting area, logging of visits for tracing purposes, transporting residents (excluding physical transfer of resident out of bed if care plan requires staff assistance), and how to report concerns to facility staff. Facilities must also develop visitation procedures and train volunteers on scheduling visits for residents and supporting residents to participate in visits. The visitation policy and all procedures for residents and families including days of the week, hours of operation, number of concurrent visitors, and limitations to visitors

**Michigan Department of Health and Human Services
Residential Care Facility COVID-19 Response: Visitation
Frequently Asked Questions**

other than health screening should be communicated to residents, families, staff and volunteers.

Note: Volunteers should not be considered medically high-risk for COVID-19 per CDC guidelines and must meet existing requirements for volunteers in residential care settings as defined by the facility's operational standards and policies.