

Bulletin Number: MSA 20-77

Distribution: Nursing Facilities, Assisted Living Facilities, Adult Foster Care Homes, Homes for the Aged, Hospitals, Prepaid Inpatient Health Plans, Community Mental Health Services Programs, MI Choice Waiver Agencies, Program of All-Inclusive Care for the Elderly (PACE) Providers, Integrated Care Organizations

Issued: November 25, 2020

Subject: COVID-19 Response: Policy for Hospital-Based Care and Recovery Centers (CRCs) to Treat COVID-19 Patients Requiring Nursing Facility Care

Effective: Immediately

Programs Affected: Medicaid

Purpose

On August 31, 2020, the Michigan Nursing Homes COVID-19 Preparedness Task Force submitted a set of 28 recommendations to Governor Whitmer. Included in this final report was a recommendation that the Michigan Department of Health and Human Services (MDHHS) establish Care and Recovery Centers (CRCs) to care for COVID-19 positive patients discharging from a hospital or residents from nursing facilities that are unable to care for residents with confirmed COVID-19 positive who have not met the criteria for discontinuation of Transmission-Based Precautions, but do not require hospitalization.

This policy supplements policy bulletin MSA 20-72, which established operational requirements for nursing facilities (NFs) to operate as CRCs during times of a public health emergency, and provides a pathway for Michigan hospitals to establish hospital-based CRCs to support the safe care and isolation of COVID-positive individuals.

Care and Recovery Centers Defined

The purpose of a CRC is to provide care for individuals with confirmed COVID-19 who have not met the criteria for discontinuation of Transmission-Based Precautions. CRCs may be based in NFs or hospitals. These facilities operate when hospitals need to discharge individuals to manage bed availability and provide an alternative for NFs that do not have the capacity to safely care for residents. NFs or hospitals that operate a CRC must have the physical plant capacity to designate a distinct area for COVID-19 isolation, dedicate staff to the CRC, and meet other standards described below.

Minimum Participation Criteria: Hospital-Based CRC

Hospitals will be considered for designation as a hospital-based CRC if the following conditions exist:

- The hospital has a Medicare hospital provider agreement.
- The hospital has received swing bed approval for the beds in the hospital-based CRC. This includes:
 - Swing beds approved under 42 CFR Section 482.58; or
 - Swing beds approved under the CMS blanket waiver issued on May 11, 2020, which allowed all Medicare-enrolled hospitals (except psychiatric and long-term care hospitals) that need to provide post-hospital skilled nursing facility (SNF)-level swing bed services for non-acute care patients in hospitals to apply for swing bed approval to provide these services. The CMS blanket waiver can be accessed via the following link: <https://www.cms.gov/files/document/se20018.pdf>.
- The hospital has agreed to comply with the special requirements for hospital providers of long-term care services identified in 42 C.F.R. § 482.58(b).

MDHHS will accept applications from hospitals seeking CRC designation. The application can be found on the MDHHS website at www.michigan.gov/documents/mdhhs/Hospital-Based_CRC_application_11.23_708641_7.docx, along with information about reimbursement available for participating CRCs. Only facilities identified with elements consistent with MDHHS' Minimum Participation Criteria will be given consideration. Incomplete applications will not be considered.

CRC Selection

MDHHS will collaborate with eligible NFs and hospitals to establish at least one CRC in each of the eight Emergency Preparedness Regions. MDHHS' selection of CRCs includes input and data from the Michigan Department of Licensing and Regulatory Affairs (LARA) and the State Long-Term Care Ombudsman as it pertains to the standards below. Hospitals that apply to be CRCs must meet the following standards:

Physical plant standards. The application must include a complete floor plan that identifies the following:

- Designated wing, separate unit or separate building
 - Note: A portion of a wing or unit separated by a physical barrier (permanent or temporary) may be approved when additional CRC capacity is necessary.
- Separate staff entry and donning/doffing area
- Separate staff break area and restrooms

Staffing standards. The application must describe how the following standards will be met:

- Dedicated staff that only work in the CRC area of the NF
- A qualified healthcare professional designated as the Infection Preventionist; documentation of completed CDC training required, which can be accessed at https://www.train.org/cdctrain/training_plan/3814
- Staffing plan based upon appropriate nursing and certified nurse aide (CNA) ratio for the bed capacity

Infection control standards. The application must include:

- All CRC staff are trained in infection control procedures, including staff with resident care duties as well as housekeeping, dietary, laundry, and other employees working in the facility. Identify qualified clinical staff to serve as the facility's Infection Prevention Champion(s); documentation of completed Centers for Medicare & Medicaid Services (CMS) training required. Information regarding CMS training is available at the following link: <https://qsep.cms.gov/COVID-Training-Instructions.aspx>
- The CRC has management policy and procedures that ensure staff compliance with infection control procedures
- The CRC maintains an adequate supply of all Personal Protective Equipment (PPE)

Testing standards. The application must include:

- A plan for complying with testing guidance from the Centers for Disease Control and Prevention (CDC), as well as any MDHHS testing requirements, if applicable
- Resident and staff screening procedures

CRC Communication. The application must include a communication plan that addresses communication with:

- Referring entities (hospitals and NFs, when applicable)
- The Local Health Department and the Regional Health Care Coalition in the hospital's jurisdiction
- CRC residents, families, and legal representatives
- CRC staff
- Use of virtual visitation for residents to communicate with family and friends

MDHHS and LARA will complete a desk review of the application that will include a review of the facility's regulatory compliance/survey history. An on-site or virtual assessment may be conducted to verify compliance with the selection standards.

MDHHS retains discretionary rights to consider additional criteria standards and the right to approve or deny CRC applications based on additional criteria standards. CRCs not approved will be made aware of the decision not to approve their application. Applying entities are not entitled to appeal rights but may submit supplemental information during the review process if requested by MDHHS.

Hospital-Based CRC Admission Criteria

Hospital-based CRCs may admit individuals with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions upon referral from a hospital. They may additionally elect to admit residents from a NF that is unable to properly isolate COVID-affected residents.

Hospital Referral

The preference is for confirmed COVID-19 positive hospital patients to remain in the hospital if the patient has less than 72 hours remaining in their overall isolation period. Confirmed COVID-19 positive hospital patients who require additional care and support may be discharged to a CRC. Patients admitted directly from the hospital do not need to meet the MDHHS NF Level of Care Criteria.

Other Facility Referral

Confirmed COVID-19 positive residents who have not met criteria for discontinuation of Transmission-Based Precautions, which are outlined at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>, may be admitted to a hospital-based CRC from a NF when:

- The resident does not require hospitalization.
- The referring facility cannot provide the necessary care and isolation.
- The resident needs the level of care provided by a CRC.

In circumstances when an individual meets Medicaid NF level of care, MDHHS will consider admissions from other long-term care facilities, assisted living facilities, homes for the aged, and adult foster care homes on a case-by-case basis.

CRC Discharge Criteria

Residents may be discharged from a hospital-based CRC under the following conditions:

- The resident has been isolated with precautions for 10 days after symptom onset and resolution of fever for at least 24 hours without the use of fever-reducing medications, and with improvement of other symptoms.
- The resident who never developed symptoms was isolated with other precautions for 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.
- The resident chooses to discharge to a private home or their NF of residence if that facility can provide proper isolation.

All discharges must have a safe and appropriate discharge plan in place.

Ongoing CRC Monitoring

MDHHS and LARA will closely monitor the CRC activities to assure continued compliance with CRC requirements.

CRC Support

MDHHS will provide support necessary for CRCs to meet the expectations of effective operations, including all of the following when necessary:

- State assistance to maintain adequate supplies of PPE
- Priority access to COVID-19 testing kits and assistance
- Infection-control training and technical assistance

Hospital-Based CRC Reduction and Deactivation – MDHHS-initiated

MDHHS may reduce capacity or deactivate a hospital-based CRC when full capacity is no longer needed. To maintain the safety of all residents and support resident choice, MDHHS will provide advance notification of intent to reduce capacity or deactivate in order to ensure the safe transfer or discharge of remaining residents and support the CRC's transition.

Other instances that may require MDHHS to deactivate a hospital-based CRC are as follows:

- The hospital-based CRC meets one of the exclusion criteria.
- The hospital-based CRC fails to meet the operational criteria.

In these instances, MDHHS will conduct an in-depth review on a case-by-case basis. Determinations made by MDHHS are deemed final.

Hospital-Based CRC Reduction Process

Upon notification from MDHHS or if the hospital-based CRC chooses to reduce capacity on its own, the hospital must submit a revised bed-capacity plan to MDHHS for approval.

The plan to reduce capacity must include:

- The hospital-based CRC's revised floor plan.
- An explanation of how residents in the beds planned for reduction will be safely relocated.
- Decontamination strategy for the beds being removed from the hospital-based CRC that delineates infection-control procedures to be used before use for non-COVID-19-affected residents in these rooms/unit(s).
- The requested effective date of the reduction.
- The requested revised number of beds to remain for COVID-19-affected residents.

Hospital-Based CRC Deactivation Process

Upon notification from MDHHS or if the hospital-based CRC chooses to pursue deactivation, the hospital must include a written plan for the relocation of any remaining residents in the hospital-based CRC.

The plan must address the following:

- Scheduled discharge dates for each resident, along with anticipated discharge location.
- Decontamination strategy for the beds being removed from the hospital-based CRC that delineates infection-control procedures to be used before use for non-COVID-19-affected residents in these rooms/unit(s).
- The requested effective date to deactivate the hospital-based CRC.

Upon submission of the request to reduce capacity or deactivate, MDHHS will review submitted materials. Following review, the hospital may be required to modify the plan to assure the health and welfare of individuals not only within the CRC, but also the rest of the hospital and the community.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Michael Hart via e-mail at HartM6@michigan.gov.

Please include "COVID-19 Response: Policy for Hospital-Based Care and Recovery Centers (CRCs) to Treat COVID-19 Patients Requiring Nursing Facility Care" in the subject line. Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be e-mailed to Provider Inquiry, Department of Health and Human Services at ProviderSupport@michigan.gov. When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration

HOSPITAL-BASED CARE AND RECOVERY CENTER (CRC) APPLICATION

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

Background

Pursuant to recommendations made to Governor Gretchen Whitmer by her appointed Nursing Home COVID-19 Preparedness Task Force, the Michigan Department of Health and Human Resources (MDHHS) will engage hospitals and eligible nursing facilities to establish Care and Recovery Centers (CRCs). The purpose of CRCs is to provide care for individuals with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions. CRCs operate when hospitals need to discharge residents to manage bed availability and provide an alternative for nursing facilities that do not have the capacity to safely care for residents. Nursing facilities or hospitals that operate a CRC must have the physical plant capacity to designate a distinct area for COVID-19 isolation, dedicate staff to the CRC, and meet other established standards.

Application

Hospitals that meet Minimum Participation Criteria may apply for consideration as a CRC in their designated Emergency Preparedness Region.

Interested facilities should complete the attached application (digital signatures acceptable) and return to MDHHS-CareAndRecoveryCenters@michigan.gov. Questions about completing the application may be submitted to MDHHS-CareAndRecoveryCenters@michigan.gov.

Minimum Participation Criteria

Hospitals will be considered for designation as a hospital-based CRC if the following conditions exist:

- The hospital has a Medicare hospital provider agreement.
- The hospital has received swing bed approval for the beds in the hospital-based CRC. This includes:
 - Swing beds approved under 42 CFR Section 482.58; or
 - Swing beds approved under the [CMS blanket waiver](#) issued on May 11, 2020, which allowed all Medicare enrolled hospitals (except psychiatric and long term care hospitals) that need to provide post-hospital SNF level swing-bed services for non-acute care patients in hospitals to apply for swing bed approval to provide these services.
- The hospital has agreed to comply with the special requirements for hospital providers of long-term care services identified in 42 C.F.R. § 482.58(b).

Financial Considerations

Financial reimbursement will consist of three components: 1) One-time Preparedness Stipend of \$40,000 - \$80,000 based on bed capacity and, 2) Monthly Facility Deposit based on capacity. and, 3) Bed Premium of \$200 per COVID-occupied bed day.

CRC Strata	Total CRC Beds	Components		
		Preparedness Stipend: One-time payment	Facility Deposit: Monthly	Bed Premium: \$200 per COVID bed day
Tier 1	40+	\$80,000.00	\$20,000.00	\$200.00
Tier 2	25 - 39	\$60,000.00	\$15,000.00	\$200.00
Tier 3	10 - 24	\$40,000.00	\$10,000.00	\$200.00

Care and Recovery Center Application Checklist

The Michigan Department of Health and Human Services (MDHHS) advises the use of this checklist to ensure all required documents necessary for submission of a complete Care and Recovery Center (CRC) application are received. The use of CRC checklist is optional, however failure to submit all necessary documents will result in application review and processing delay.

Section 6: CRC Floor Plan

Proposed CRC floor plan

Does the proposed CRC floor plan clearly identify?

- Designated donning/doffing area
- CRC employee break room
- CRC employee entrance(s)
- CRC employee restroom(s)
- CRC wing/unit/building nursing station
- CRC wing/unit/building medication room
- CRC wing/unit/building storage facilities
- CRC wing/unit/building clean linen room/area
- CRC wing/unit/building soiled linen room/area
- The room number for each resident room
- The total bed-capacity for each resident room

Section 7: Infection Prevention and Control

- Infection Preventionist – [CDC Infection Preventionist certification](#)
- Infection Prevention Champion – [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff certification](#)

Section 9: Testing

- Copy of screening procedure
- Example of screening form

Section 10: Communication (optional but recommended)

- Communication plan with referring entities
- Communication plan with Local Health Department and Regional Health Care Coalition
- Communication plan for resident(s), family, and legal representative
- Staff communication plan/policy
- Virtual visitation communication plan/policy

Submission of the CRC application checklist with the application is not required.

HOSPITAL-BASED CARE AND RECOVERY CENTER (CRC) APPLICATION

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

Section 1: Applicant	
NPI #: Click or tap here to enter text.	CCN #: Click or tap here to enter text.
Facility Name: Click or tap here to enter text.	
Address: Click or tap here to enter text.	City: Click or tap here to enter text.
Section 2: Applicant Contact Information	
Name: Click or tap here to enter text.	
Primary Number: Click or tap here to enter text.	Email Address: Click or tap here to enter text.
Section 3: Attestations	
The hospital has a Medicare hospital provider agreement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The hospital has received swing bed approval for the beds in the hospital-based CRC.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The hospital has agreed to comply with the special requirements for hospital providers of long-term care services identified in 42 C.F.R. § 482.58(b).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section 4: Hospital-Based CRC Administrative Support	
CRC Administrator Name: Click or tap here to enter text.	E-mail Address: Click or tap here to enter text.
Primary Number: Click or tap here to enter text.	Mobile Number: Click or tap here to enter text.
Director of Nursing (DON): Click or tap here to enter text. Years as DON in this hospital: Click or tap here to enter text.	
Section 5: CRC Admissions Plan	
Will the CRC be accepting admissions from: <input type="checkbox"/> Own hospital <input type="checkbox"/> Other hospitals <input type="checkbox"/> Nursing facilities	
Brief Description: Click or tap here to enter text.	
Section 6: CRC Floor Plan	
<p>CRC applicants must submit a copy of their floor plan for the area of the hospital that will be used as a CRC. A separate floor plan is required for multiple wings, units, or buildings. If possible, an enlarged floor plan for the proposed CRC area with the information requested below added to it is desired and will make the review process faster and easier.</p> <p>The submitted floor plan must be readable and clearly identify the designated CRC area (i.e., wing, unit, separate building). The floor plan must clearly identify areas to be used by CRC staff including, but not limited to break rooms, entrances, and restrooms. The floor plan must clearly identify all resident rooms, corresponding room number(s), and bed-capacity per room.</p>	
CRC designated wing(s)/unit(s)/separate building(s) (location description/name): Click or tap here to enter text.	
The proposed designated area will be a: <input type="checkbox"/> wing <input type="checkbox"/> unit <input type="checkbox"/> separate building <input type="checkbox"/> portion of a wing/unit	
The designated area will have a separate staff entry.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Upon entry, is there designated space for donning and doffing PPE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
The CRC staff will have a designated break area and restroom(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the CRC designated wing/unit/building adjacent or connected to any space?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>If yes, provide details, including information about what physical barriers will be in place separating these areas. Click or tap here to enter text.</p>	
<p>CRC Resident Rooms</p>	
<p>Number of designated CRC <u>rooms</u>: Click or tap here to enter text.</p>	
<p>Indicate the number of CRC rooms by occupancy. 1-Person: 2-Person: 3-Person: 4-Person:</p>	
<p>Indicate the total number of <u>beds</u> in the CRC area: Click or tap here to enter text.</p>	
<p>CRC Care Areas</p>	
<p>Does the CRC wing/unit/building have separate nursing station(s)? No. of Separate Nursing Stations: Click or tap here to enter text.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Does the CRC wing/unit/building have separate medication room(s)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Does the CRC wing/unit/building have separate storage facilities?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Does the CRC wing/unit/building have a separate clean linen room?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Does the CRC wing/unit/building have a separate soiled linen room?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Does the CRC wing/unit/building have a separate staff break room?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Section 7: Hospital-Based CRC Staffing</p>	
<p>Describe in detail how the facility will implement plans to have dedicated staff for the CRC designated area. Dedicated staff means that the staff in the CRC area only work within that area and do not work in other areas of the nursing facility or at other nursing facilities. Click or tap here to enter text.</p>	
<p>Describe in detail the CRC staffing plan based upon appropriate nursing and Certified Nurse Aide (CNA) ratio for the proposed bed-capacity. Click or tap here to enter text.</p>	
<p>Describe in detail the facility's plan for emergency staffing resources (e.g., agency staff). Click or tap here to enter text.</p>	
<p>The facility has a qualified healthcare professional designated as the Infection Preventionist (IP)? <i>Documentation of completed CDC training required.</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Is the IP at the facility full-time? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Does the IP have at least 3 years serving as an IP in any facility? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is the employment status and role as facility's IP specific to: <input type="checkbox"/> One unit <input type="checkbox"/> Multiple units <input type="checkbox"/> Multiple hospitals</p> <p>If the IP's role involves multiple facilities, provide details. Click or tap here to enter text.</p>	
<p>Section 8: Infection Prevention and Control</p>	
<p>The facility ensures all staff are trained in infection prevention and control procedures, including but not limited to specialized training for housekeeping, dietary, and laundry service personnel.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>The facility has policy and procedures to ensure staff compliance with infection prevention and control procedures.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

The facility has a plan to continuously secure and maintain adequate supply of hand sanitizer and Personal Protective Equipment (PPE).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Detail the plan to secure and maintain adequate hand sanitizer and PPE. Click or tap here to enter text.	
The facility has identified qualified clinical staff to serve as the CRCs Infection Prevention Champion(s). <i>Documentation of completed CMS training required.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section 9: Testing	
The facility has a plan for complying with testing guidance from the Centers for Disease Prevention and Control, as well as any MDHHS testing requirements, if applicable.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The facility has resident and staff screening procedures. <i>A copy of the screening procedure and an example of the screening form required.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section 10: Communication	
Describe in detail the current and future communication plan with referring entities (hospital and nursing facilities, when applicable). This should include how bed availability and available supports will be communicated. May attach written policy, if available. Click or tap here to enter text.	
Describe in detail the communication plan with the Local Health Department and the Regional Health Care Coalition in the hospital's jurisdiction. May attach written policy, if available. Click or tap here to enter text.	
Describe in detail the COVID-19 communication plan with residents, families, and legal representatives. May attach written policy, if available). Click or tap here to enter text.	
Describe in detail the COVID-19 communication plan with staff. May attach written policy, if available. Click or tap here to enter text.	
Describe in detail the facility's use of virtual visitation for residents to communicate with family and friends. May attach written policy, if available. Include the number of communication devices available for specifically for CRC resident use. Click or tap here to enter text.	
I understand failure to provide the above information accurately and completely may result in denial of my application. I understand that my application will be subject to a complete desk review by Michigan's Department of Health and Human Services (MDHHS) and Licensing and Regulatory Agency (LARA). MDHHS retains discretionary rights to consider additional criteria, request additional information, and the right to approve or deny Care and Recovery Center applications. Applying entities are not entitled to appeal rights but may submit supplemental information during the review process if requested by MDHHS.	
Signature of Applicant:	
Title/Position: Click or tap here to enter text.	Date: Click or tap here to enter text.