Welcome and Introductions

Wednesday, March 23, 2022



Belinda Hawks

Division Director, Adult Home and Community Based Services Behavioral and Physical Health and Aging Services Administration



Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Welcome to our final presentation.

What you need to know:

- There has been a restructuring within MDHHS.
- For details, read the press release: <u>https://bit.ly/3q6kF8m</u>



 But -- we aren't going anywhere! We are still here to help you. Stay tuned for today's presentation about where to find COVID-19 resources and guidance for AFCs and HFAs.



- As part of the restructuring, this regular meeting is being discontinued.
- This email inbox will be shut down:
 <u>MDHHS-COVID-AFC-HFA-Response@Michigan.gov</u>
- But these email boxes are still available for your questions!

Staffing: MDHHS-LTCStaffing@michigan.gov Vaccines: MDHHS-COVID-Longtermcare@Michigan.gov Testing: MDHHS-COVIDTestingSupport@michigan.gov Emergency Orders: MDHHS-MSA-COVID19@michigan.gov Infection Prevention: MDHHS-IPRAT@michigan.gov



Consider joining the Long Term Care Facility COVID Response Call

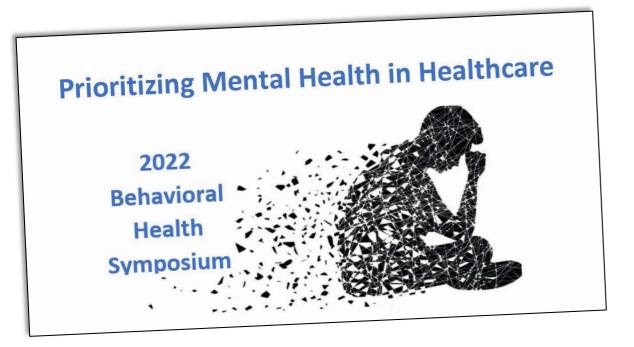
- Toll-free phone meeting each month
- Open to anyone involved in operating a congregate care living facility
- MDHHS experts provide updates on vaccines, testing, epidemiology, infection prevention and more
- <u>Watch your email</u> for notices about these monthly call-in meetings. Next meeting is set for April 12, 10–11:30 a.m.



Exciting news! Financial support opportunity

- Qualified AFC and HFA facilities may receive funds from the state equal to \$700 per bed
- Granted on a reimbursement basis: facilities meeting the requirements must register in SIGMA as a vendor to receive reimbursements
- Applications must be received by June 21, 2022
- Guidance documents and forms can be found at: <u>https://www.michigan.gov/coronavirus/0,9753,7-406-98178_104888---,00.html</u>





SAVE THE DATE

Behavioral Health Symposium for the healthcare community June 16, 2022

CEs will be offered for Doctors, Nurses, EMS, Social Workers and Nursing Home Administrators.

Registration now open:

https://www.train.org/mi-train/course/1102277/conference



Today's topics and guests

"Do I need to mask?" – How to determine the answer

- Katie Puskar, Disaster Preparedness Analyst Healthcare Preparedness Program
- Denise Parr, Infection Prevention Resource & Assessment Team (IPRAT)

Looking ahead: Where to find COVID-19 guidance

 Katie Puskar, Disaster Preparedness Analyst – Healthcare Preparedness Program



"Do I need to mask?"

"When do I need to test?"

- Katie Puskar, Disaster Preparedness Analyst, Healthcare Preparedness Program
- Denise Parr, Infection Prevention Resource & Assessment Team (IPRAT)

March 23, 2022



Infection Prevention Resource and Assessment Team

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

It's a matter of following the correct map.

COVID-19 Community Levels OR COVID-19 Community Transmission Rates?

CDC's new COVID-19 Community Levels recommendations **do not apply in healthcare settings, such as hospitals and nursing homes**. Instead, healthcare settings should continue to use <u>Community Transmission Rates</u> and continue to follow CDC's infection prevention and control recommendations for healthcare settings.

CMS QSO 20-38-NH

"Facilities should use their **community transmission level** as the trigger for staff testing frequency. Reports of COVID-19 level of community transmission are available on the CDC COVID-19 Integrated County View site: <u>https://covid.cdc.gov/covid-data-tracker/#county-view</u>"

> Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC

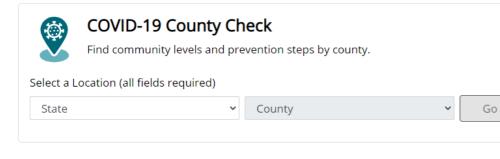
New Community Level Site Do NOT use this webpage

COVID-19 by County

Updated Feb. 25, 2022 Languages • Print

Know Your COVID-19 Community Level

<u>COVID-19 Community Levels</u> are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.

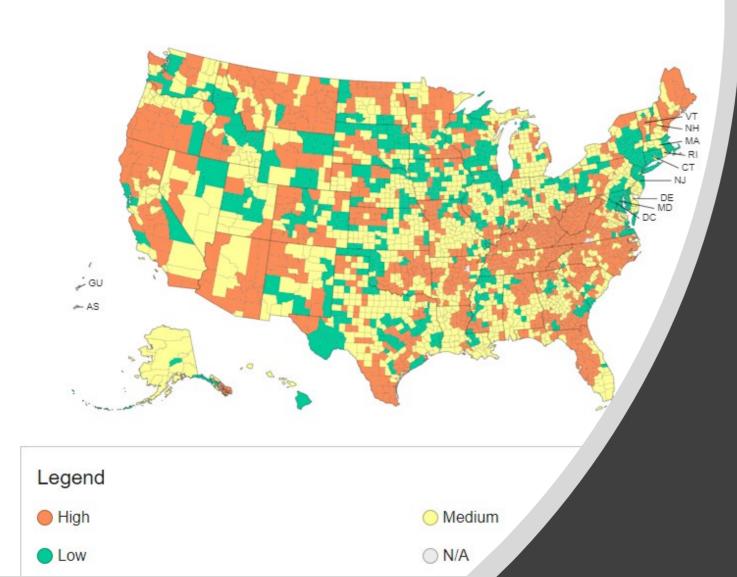


What Prevention Steps Should You Take Based on Your COVID-19 Community Level?

Low	Medium	High
 Stay <u>up to date</u> with COVID-19 vaccines <u>Get tested</u> if you have symptoms 	 If you are <u>at high risk for</u> <u>severe illness</u>, talk to your healthcare provider about whether you need to wear a mask and take other precautions Stay <u>up to date</u> with COVID-19 vaccines <u>Get tested</u> if you have symptoms 	 Wear a <u>mask</u> indoors in public Stay <u>up to date</u> with COVID-19 vaccines <u>Get tested</u> if you have symptoms Additional precautions may be needed for people <u>at high risk for severe illness</u>

U.S. COVID-19 Community Levels by County

Data provided by CDC Updated: Feb. 24, 2022

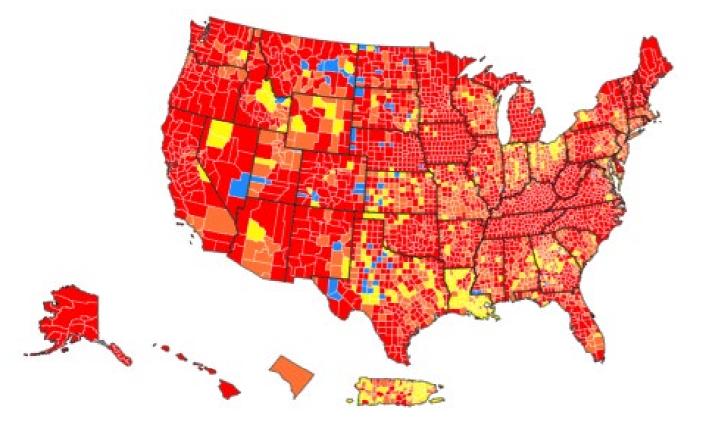


Community Levels Map

Do NOT use this webpage



Community Transmission Levels Use this map instead!



Community Transmission in US by County

	Total	Percent	% Change
High	2045	63.47%	-21.76%
Substantial	802	24.89%	14.4%
Moderate	314	9.75%	7.08%
Low	59	1.83%	0.25%

How is community transmission calculated?

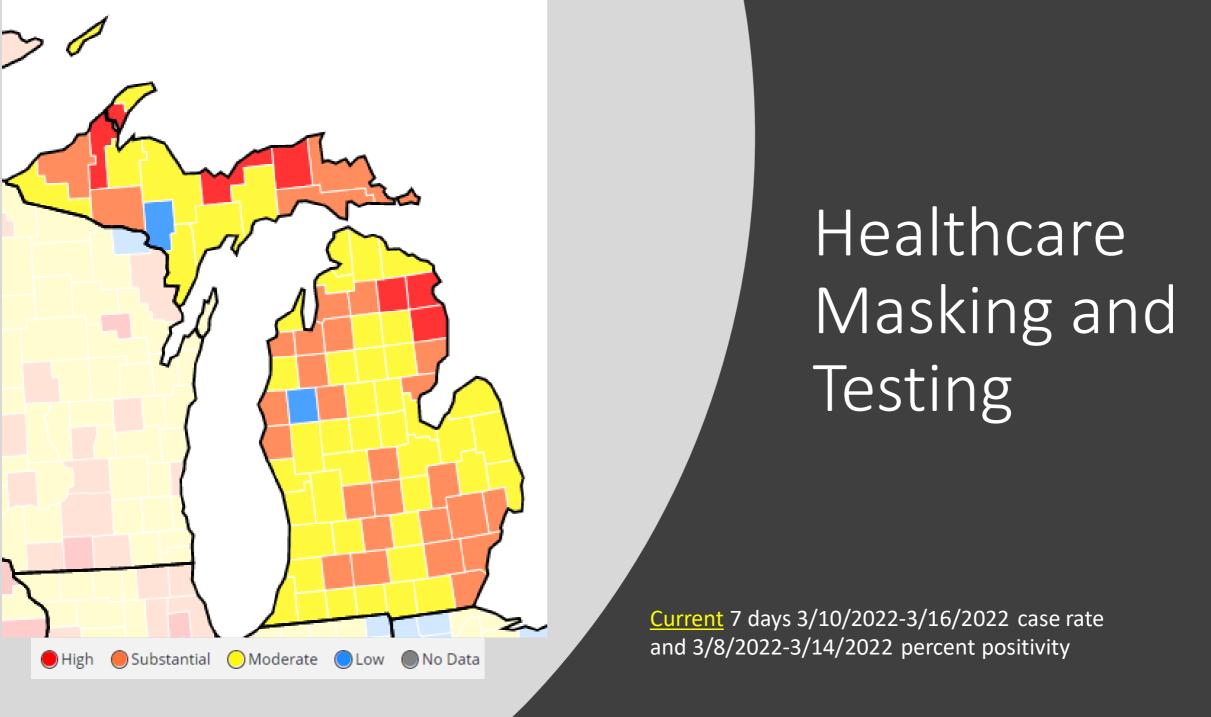
How Community Transmission is Calculated

Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

New cases per 100,000 persons in the past 7 days* Percentage of positive NAATs tests during the past 7 days**

Low	Moderate	Substantial	High
<10	10-49.99	50-99.99	≥100
<5%	5-7.99%	8-9.99%	≥10.09





Guidance Still in Place

CDC Guidance

MDHHS Orders

- Stay up to date with vaccine
- Infection/exposure of healthcare personnel
- Strategies to <u>mitigate staffing</u> <u>shortages</u>
- Infection prevention nursing homes
- Infection prevention healthcare

- October 12, 2021, Testing Facilities conducting tests in accordance with <u>CMS QSO 20-38-</u> <u>NH</u> updated March 10, 2022
- <u>May 21, 2021, Residential Care</u> Facility visitation in accordance with <u>CMS QSO 20-39-NH</u> and <u>CMS FAQ March 10, 2022</u>.

LTC Guidance

Michigan.gov

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CORONAVIRUS / RESOURCES / LONG TERM CARE COVID-19 PLAN

Long-Term Care COVID-19 Plan

The state's long-term care facilities have faced immense challenges since Michigan recorded its first COVID-19 cases in March 2020. To respond to those concerns and provide essential protections to both residents and staff in residential care facilities, the State of Michigan leveraged authority granted by Executive Order and the Michigan Public Health Code. By designated authority, the Michigan Department of Health and Human Services (MDHHS) has acted to prevent and control the spread of COVID-19 by implementing a variety of strategies in the areas of infection control, diagnostic testing, data collection and reporting, and emergency staffing response.

MDHHS and other state partners continue to address and adapt to the changing impact of COVID-19 across the state. Expand the titles below to learn more about each component of the MDHHS Long-Term Care COVID-19 Plan.



	Visitation	
İ	Testing Strategy	
	Reporting	
	Staffing	
	Infection Prevention and Control	~
	CRC and CRF Programs	



³Subjected to CRF transfer criteria

Staff Masking Communities Moderate-to-Low

While still safest to implement universal source control, when levels are at low to moderate and staff are up to date with all recommended COVID-19 vaccine doses, CDC does state the following:

 Can choose to not wear source control (e.g., masks) or social distance when in welldefined areas which are restricted from patient access (e.g. staff meeting rooms, kitchen)

Patient encounters are safest with source control (e.g., staff masking)

• If resident is not suspected of SARS-CoV-2 infection, follow standard precautions

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel

Staff Masking Suspected or SARS-CoV-2 Positive

Standard plus transmission-based precautions will be followed utilizing personal protective equipment:

- Gown, N95 respirator, eye protection, and gloves
- Aerosol generating procedures such as CPR should have staff wearing gown, N95 respirator, eye protection and gloves for safety as well

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel

Resident Masking Communities Moderate-to-Low

While still safest to implement universal source control, when levels are at low to moderate and residents are up to date with all recommended COVID-19 vaccine doses, the CDC states the following:

• Do not need to wear source control when in communal areas of the facility

Residents not up to date or who are at increased risk for severe disease

• Source control and physical distancing should be considered

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel

FAQ



12. Are there any suggestions for how to conduct visits that reduce the risk of COVID-19 transmission? For example, should facilities have different policies for visitors, who are up-todate with all recommended COVID-19 vaccine doses and those who are not up-to-date with all recommended COVID-19 vaccine doses?

A: While we strongly encourage everyone to *be up-to-date with all recommended COVID-19 vaccine doses,* the facility must permit visitation regardless of the visitor's vaccination status (if the visitor(s) *has not had a positive viral test,* does not report COVID-19 symptoms or meet the criteria for quarantine). There are ways facilities can and should take extra precautions, such as hosting the visit outdoors, if possible; creating dedicated visitation space indoors; permitting in-room visits when the resident's roommate is not present; and the resident and visitor should wear a well-fitting mask (preferably those with better protection, such as surgical masks or KN95), perform frequent hand-hygiene, and practice physical distancing. Some other recommendations include:

- Offering visitors surgical masks or KN95 masks.
- Restricting the visitor's movement in the facility to only the location of the visit.
- Not conducting visits in common areas (except those areas dedicated for visitation).
- Increasing air-flow and improving ventilation and air quality.
- Cleaning and sanitizing the visitation area after each visit.
- Providing reminders in common areas (e.g., signage) to maintain physical distancing, perform hand-hygiene, and wear well-fitting masks.



QSO 20-39-NH

Face coverings and physical distancing during visits

- Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.
- If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
- In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for <u>severe disease</u> or are *not up-to-date with all recommended COVID-19* vaccine doses.
- Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor.
 - Residents (or their representative) and their visitors, who are not up-to-date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.



QSO 20-38-NH

Routine testing of staff, who are not up-to-date, should be based on the extent of the virus in the community. *Staff, who are up-to date,* do not have to be routinely tested. *For HCP who work in the facility infrequently, see the CDC's testing guidance.*

Facilities should use their community transmission level as the trigger for staff testing frequency. **Reports of COVID-19 level of community transmission are available on the CDC COVID-19 Integrated County View site:** <u>https://covid.cdc.gov/covid-data-tracker/#county-view</u>. Please see the COVID-19 Testing section on the CMS COVID-19 Nursing Home Data webpage: <u>https://data.cms.gov/covid-19/covid-19-nursing-home-data</u> for information on how to obtain current and historic levels of community transmission on the CDC website.

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community	Minimum Testing Frequency of Staff who
Transmission	are not up-to-date ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

*Staff who are up-to-date do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.



QSO 20-38-NH

Table 1: Testing Summary		
Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>regardless of</i> <i>vaccination status</i> , with signs or symptoms must be tested.	Residents, <i>regardless of</i> <i>vaccination status</i> , with signs or symptoms must be tested.
Newly identified COVID- 19 positive staff or resident in a facility that can identify close contacts	Test all staff, <i>regardless of</i> <i>vaccination status</i> , that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, <i>regardless of</i> <i>vaccination status</i> , that had close contact with a COVID-19 positive individual.
Newly identified COVID- 19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, <i>regardless of</i> <i>vaccination status</i> , facility- wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, <i>regardless of</i> <i>vaccination status</i> , facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 below	Not generally recommended

Contact Us



MDHHS-IPRAT@Michigan.gov







Michigan.gov/IPRAT



Infection Prevention Resource and Assessment Team



Where to find COVID-19 Guidance:

Webpages and Links for AFCs and HFAs

Katie Puskar Bureau of EMS, Trauma and Preparedness Michigan Department of Health and Human Services

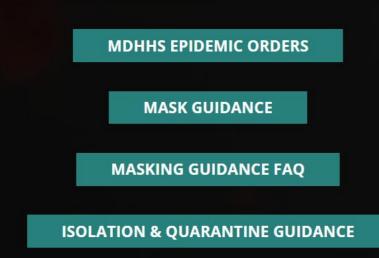
Coronavirus

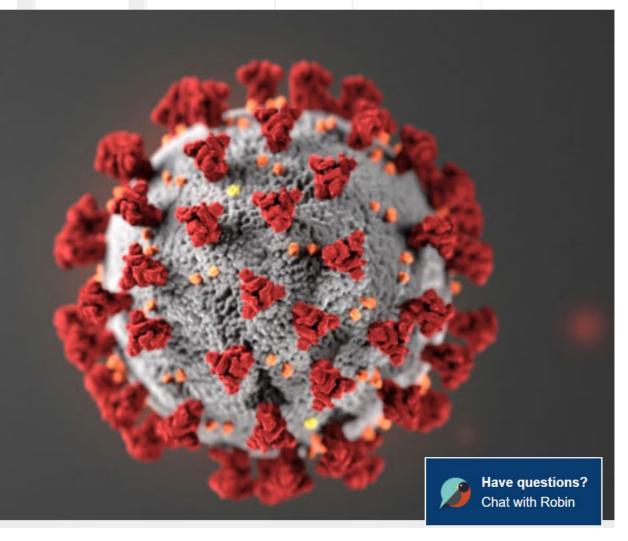
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Questions About COVID-19?

Visit our Frequently Asked Questions page Our most commonly answered questions can be found there, and are updated often.

Call the COVID-19 Hotline at 888-535-6136. Email COVID19@michigan.gov.





https://www.michigan.gov/coronavirus

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/ RESOURCES /									8
COMMUNICATIONS RESOURCES TOOLKIT		FOR RES	IDENTS		_	FOR HEALTH P	ROFESSIONAL	.s	
AGRICULTURAL WORKERS		ALTERNA	ATE LANGUAGES			CMS VACCINE	REQUIREMEN	TS	$\bullet \bullet \bullet$
COVID-19 VACCINE	•••	FOR EMP	PLOYERS & WORKERS			FOR AFC & HFA	OPERATORS		
K-12 SCHOOL OPENING GUIDANCE		LOCAL H	IEALTH DEPARTMENT M	AP		LONG TERM CA	RE COVID-19	PLAN	
MENTAL HEALTH RESOURCES		MIS-C CH	HILDREN		_	PROTECT MICH	IIGAN COMMI	SSION	
MICHIGAN CORONAVIRUS TASK FORCE ON RACIAL DISPARITIES		COVID-19 PAGE	9 THERAPEUTICS INFOR			STATE ORDERS	& DIRECTIVE	5	

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CORONAVIRUS / RESOURCES / FOR AFC & HFA OPERATORS

FOR AFC & HFA OPERATORS

This page contains resources to help licensed adult foster care homes (AFCs) and homes for the aged (HFAs) implement state-mandated COVID-19 response activities. Resources are provided by the Michigan Department of Health and Human Services' Behavioral Health and Developmental Disabilities Administration (BHDDA) and by the Department of Licensing and Regulatory Affairs (LARA), which licenses AFCs and HFAs.

Resources:

Emergency Planning Resources COVID-19 Emergency Response Decision Tool AFC/HFA COVID-19 Emergency Response Tool Frequently Asked Questions COVID-19 Antigen Testing Information HFA and AFC Bed Reimbursement Information NEW Previous AFC/HFA Presentations

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_104888---,00.html

Michigan.gov

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CORONAVIRUS / RESOURCES / LONG TERM CARE COVID-19 PLAN

Long-Term Care COVID-19 Plan

The state's long-term care facilities have faced immense challenges since Michigan recorded its first COVID-19 cases in March 2020. To respond to those concerns and provide essential protections to both residents and staff in residential care facilities, the State of Michigan leveraged authority granted by Executive Order and the Michigan Public Health Code. By designated authority, the Michigan Department of Health and Human Services (MDHHS) has acted to prevent and control the spread of COVID-19 by implementing a variety of strategies in the areas of infection control, diagnostic testing, data collection and reporting, and emergency staffing response.

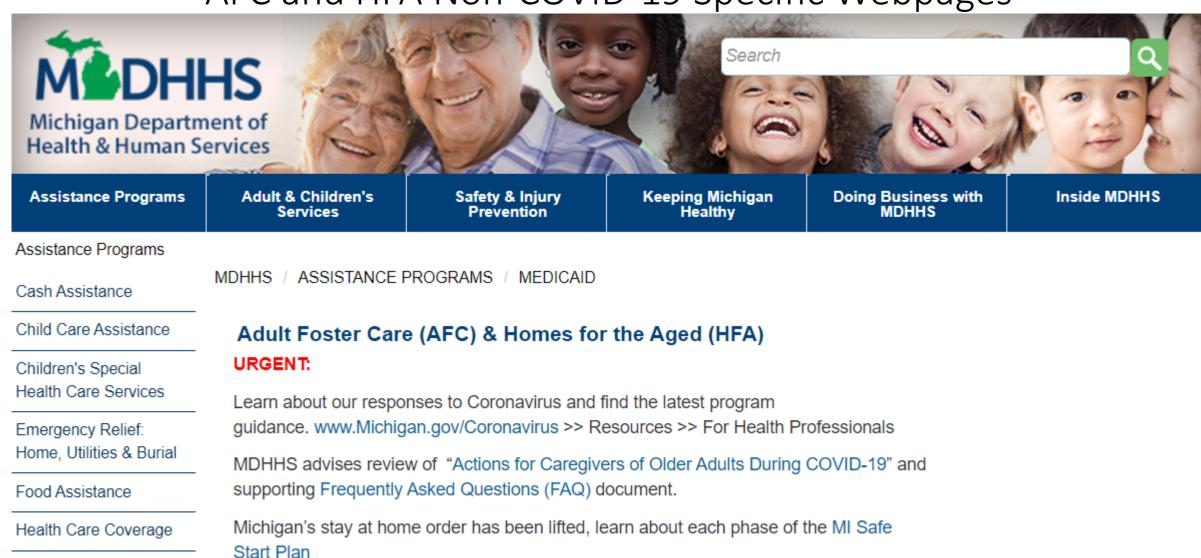
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Visitation	~
Testing Strategy	~
Reporting	~
Staffing	~
Infection Prevention and Control	~
CRC and CRF Programs	~
Adaptations to the Regional Hub Model	~
Michigan Nursing Homes COVID-19 Preparedness Task Force	~
CHRT Nursing Home Evaluation	~
Communications Toolkit	~

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_100722---,00.html

AFC and HFA Non-COVID-19 Specific Webpages



https://www.michigan.gov/mdhhs/0,5885,7-339-71547 4860 78446 78448 78459 93714---,00.html



Assistance Programs

Cash Assistance

MDHHS / ASSISTANCE PROGRAMS / MEDICAID

Child Care Assistance

Children's Special

Health Care Services

Emergency Relief: Home, Utilities & Burial

Food Assistance

Health Care Coverage

Help from Other

Programs Medicaid

Integrated Health Homes

Migrant Services

Housing and Homeless Services

Low-income Households Water Assistance Program (LIHWAP)

Adult Foster Care & Homes for the Aged Emergency Planning

Emergency preparedness planning resources designed specifically for the unique needs of Michigan's Adult Foster Cares and Homes for the Aged.

COVID-19 Resourc	5
Incident Command	ystem (ICS) Training and Education Resources
Contact Resources	or AFCs & HFAs
PPE Resources	
Additional Links	

COVID Information for AFC & HFA Operators : https://www.michigan.gov/coronavirus/0,9753,7-406-98178_104888---,00.html

Licensing and Regulatory Affairs AFC & HFA website : Michigan.gov/AFCHFA

MDHHS Behavioral Health and Developmental Disability website : https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941---,00.html

https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78459_93714_107710---,00.html

Additional Contacts

Regional Healthcare Coalition Contact Information https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54826_56171-237197--,00.html#hcc

> Local Health Department Contact Information https://www.michigan.gov/mdhhs/0,5885,7-339--96747--,00.html





A recording of today's presentation will be sent to the groups below, and they will email it to their members.

- Community Mental Health Association of Michigan
- Michigan Assisted Living Association
- Michigan Center for Assisted Living
- Leading Age of Michigan



You can also access the slides from today's presentation at <u>Michigan.gov/Coronavirus</u>. Click the RESOURCES tab and select "For AFC and HFA Operators." Scroll to bottom of page.





This email inbox will be shut down: <u>MDHHS-COVID-AFC-HFA-Response@Michigan.gov</u>

But these email boxes are still available for your questions!

Staffing: <u>MDHHS-LTCStaffing@michigan.gov</u>

Vaccines: MDHHS-COVID-Longtermcare@Michigan.gov

Testing: <u>MDHHS-COVIDTestingSupport@michigan.gov</u>

Emergency Orders: <u>MDHHS-MSA-COVID19@michigan.gov</u>

Infection Prevention: MDHHS-IPRAT@michigan.gov





This is our final AFC/HFA presentation.

We hope we have helped you and your staff navigate the COVID-19 pandemic.

Thank you for your active participation, questions, and feedback! You have added to our understanding and made us better partners in public health.

