

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

November 9, 2020

MDHHS maintains this FAQ document as a supplemental resource to support facilities in their implementation of MDHHS [Emergency Order Under MCL 333.2253](#).

Updated or new information is highlighted.

General Questions

Are facilities required to allow visitation under the current order?

Facilities are encouraged to permit visitation when facilities can meet all safety requirements outlined in the order. However, MDHHS acknowledges that facilities also need the flexibility to establish their own protocols that align with the facility's capacity to manage visitation safely. Facilities are permitted to apply further visitation restrictions beyond what the order requires, while ensuring that they continue to comply with federal and state regulations. The current order adds protections to assure that compassionate care visits are given additional consideration, given those special circumstances.

Where can a facility or potential visitor locate the county risk level?

The county risk levels can be found at https://mistartmap.info/county_risk_levels. The main MI Safe Start Map page has been updated to include a link to the county risk levels, as well. These levels are updated daily and should be reviewed at that cadence to determine whether scheduled visits can proceed.

Does the facility need to monitor visits?

No. Facilities must have an employee or volunteer trained in infection control measures available for questions during any visit; however, this individual is not required to supervise the visit.

Are Independent Living Facilities subject to the requirements in this order any longer?

No. Independent Living Facilities are no longer included in the definition of "residential care providers" and are therefore exempt from the requirements in this order. Independent Living Facilities should continue to contact the local health department in the facility's jurisdiction to report the presence of a confirmed COVID-19 positive employee or resident as soon as reasonably possible, but no later than 24 hours after identification.

Is the 15-minute limit for closer contact a requirement per day, per episode, or per visit?

The requirement is per day.

If in Risk Level E, can facilities create a visiting room with its own entrance that has a fully sealed glass or plexiglass wall to prohibit any chance of transmission? Could this be considered a window visit?

Yes, this is acceptable if the area is fully sealed and with no common air space.

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Are individuals who are in the facility for non-visitation purposes (e.g., LARA surveyors, LTC Ombudsman Program representatives, funeral directors, construction contractors performing essential work) subject to the restrictions in the order?

No, these individuals fall under the category of “non-visitor” and “non-medical” and are not subject to the restrictions established relative to visitation in the MDHHS order. Facilities should still log their times of arrival/departure and these individuals are still required to wear facemasks while on premises. These individuals should also maintain social distancing and stay as far away from residents as is possible given the nature of the visit.

What makes a sheltered structure acceptable for outdoor visits (e.g., what type of outdoor structure would cause the Department to view the visit as an indoor visit in a separate structure that is simply not in the facility)?

CMS Nursing Home Visitation COVID-19 Memo (QSO-20-39-NH) highlights that any outdoor space can be made into outdoor visitation space (e.g., courtyard, parking lot) and indicates that use of tents is most appropriate. Nursing homes should avoid tents that close on all sides and therefore do not allow open ventilation.

Compassionate Care Visits

What notification is required when a compassionate care visit is denied?

Facilities that deny visits that support ADLs, visits that are necessary to ensure effective communication with individuals with hearing, vision or speech, or visits that occur when a resident is in serious or critical condition or in hospice care must provide written notice to the visitor with an explanation of why visitation is being denied. The denial notice must also be sent to MDHHS (via email to MDHHS-MSA-COVID19@michigan.gov) and the LTC ombudsman (via email MLTCOP@meji.org or fax to 517-574-5301).

For end of life visits where physical contact is allowed for 15 minutes, does the visit need to end after 15 minutes?

No. Visits may last longer than 15 minutes, however the time spent within 6 feet of the resident must be limited to 15 minutes. Physical distancing is required for the remainder of the visit.

Are clergy permitted entry for an end-of-life visit regardless of the county Risk Level/facility outbreak status?

Yes

Other Special Cases

What is a “resident physician”?

A “resident physician” is a physician in training or medical student.

What testing is required medical and non-medical service providers?

Testing requirements for medical and non-medical service providers must be the same as for similar staff working in the facility. Note: Nursing facilities must also assure compliance with CMS’s testing requirements described in [QSO-20-38-NH](#).

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Under what circumstances can a facility allow clinical students to enter the building?

When clinical students are necessary to assure or maintain adequate staffing, clinical students may be allowed entry to the facility regardless of the county risk level. Clinical students should not be permitted entry when a facility is conducting outbreak testing (until 14 days after the last positive test among staff/residents).

Visitor Testing

Is visitor testing required in all residential care facilities covered by the order?

No. Visitor testing is required in certain circumstances in:

- Nursing Homes effective 10/26
- Homes for the Aged (HFAs) effective 11/18, and
- Adult Foster Care homes (AFCs) licensed to serve 13 or more individuals effective 11/24.

Visitor testing is not required in Assisted Living facilities, Hospice facilities and Substance Use Disorder (SUD) Residential facilities.

An infographic with further details can be found [here](#).

Is testing required in circumstances where the visitor is known to have previously tested positive and recovered from COVID-19?

Asymptomatic individuals who have recovered from COVID-19 in the past 3 months should not be tested. The facility should document any exception granted for this reason and maintain in their records.

Are nursing homes expected to provide point of care testing for visitors?

Yes. The order specifies that, when required, facilities conduct point of care testing of visitors whenever possible (available). This testing should be provided free of charge to the visitor. When point of care testing is not available, facilities must require visitors to be tested on their own within 72 hours of coming to the facility and require proof of negative test results upon entry.

MDHHS has provided point of care tests to all nursing facilities that reported either no “in-house testing machine” or “in-house testing supplies” in the EMResource “COVID-19 LTC NHSN Report” on October 21, 2020 to support this on-site visitor testing. Over the coming weeks, MDHHS will be distributing point of care tests to all facilities with a current or impending visitor testing requirement.

Will MDHHS be providing reimbursement for the staff time associated with visitor testing?

Yes. Facilities required to test visitors under this order may request specimen collection reimbursement from MDHHS for the administration of these tests whenever the facility staff collects the specimen.

If the facility doesn't have access to point of care testing, where should visitors be directed to find testing?

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Visitors should be directed to Michigan.gov/CoronavirusTest. This site allows individuals to search for nearby testing locations and to filter search results for options that will meet various needs including:

- No-cost testing;
- Tests for people without symptoms (asymptomatic);
- Testing that doesn't require a doctor's order; and
- Testing for uninsured individuals.

Can we train non-licensed staff to conduct visitor testing?

Yes, certain tests provide this flexibility, including Becton Dickinson (BD) and Abbott BinaxNOW antigen test. [MDHHS guidance on antigen testing](#) provides details on protocols and requirements to use these tests, including:

- Who can order the test;
- Who can conduct the test;
- Training for staff to conduct the test;
- Protocols for using the test;
- When a PCR confirmatory test is needed, and
- How to report results.

How often do recurrent visitors need to be tested?

A negative test can be used to permit visitation for 72 hours from the time the test is administered. Facilities may choose to administer point of care tests more frequently at their discretion.

What reporting requirements does a facility have to have when a visitor tests positive for COVID?

Facilities must report a visitor's positive test result to the Local Health Department in the facility's jurisdiction within 24 hours after identification.

Where can we test visitors? Will it have to be outside the facility?

MDHHS strongly recommends testing in a well-ventilated space (ideally outdoors or in a designated area) and far away from residents.