

# Welcome and Introductions

Wednesday, April 14, 2021



Allen Jansen

Senior Deputy Director

Behavioral Health and Developmental Disabilities

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

# Housekeeping

Today we'll be answering frequently asked questions from AFC and HFA operators. We are **recording this presentation**. Afterwards, we will send the recording to these groups for distribution to their members:

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

If you're not a member and would like the recording, email us at [MDHHS-COVID-AFC-HFA-Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

# Today's topics and guests

- **FAQs on Quarantine and Isolation**  
Brenda Brennan, MSPH, Manager  
Surveillance for Healthcare-Associated and Resistant  
Pathogens (SHARP) Unit
- **FAQs on Visitation**  
Katie Commey, MPH  
Manager, Strategic Partnerships and Special Projects
- **COVID-19 Testing Program Updates**  
Danielle Jones, MPH  
Vulnerable Population Testing Liaison

# Answers to your questions about Quarantine and Isolation



Brenda Brennan, MSPH

Surveillance for Healthcare-Associated and  
Resistant Pathogens (SHARP) Unit Manager

# What is the difference between Quarantine and Isolation?

# Quarantine, Isolation, and Cohorting

- **Quarantine** → Person has been **exposed** to someone with COVID
  - Person had an **exposure** and may become ill
- **Isolation** → Person is **ill** with symptoms or has tested positive
  - Person is **ill** or **actively contagious**

Quarantine	Isolation	Cohorting
<p><b>Exposure</b> Person may become ill</p>	<p><b>Person is ill or actively contagious</b></p>	<p>Group individuals with the <b>same disease or exposures together</b></p>
<p><b>Monitor</b> their health (watch for symptoms)</p>	<p><b>Keep person away</b> from other people</p>	
<p>Maintain social distance from all others</p>	<p>Use a separate bathroom, if possible</p>	

**Under what circumstances  
should a resident be  
quarantined?**

# Under what circumstances should a resident be quarantined?

- **Fully Vaccinated**

- Known exposure
- Symptomatic

- **Not vaccinated**

- Known Exposure
- Symptomatic
- Leave the facility for more than 24 hours
- Hospital stay
- Newly admitted

- **COVID Recovered within 90 days**

- Symptomatic

# Under what circumstances should a resident be quarantined?

How to Determine <u>Quarantine</u> Status After Returning to the Facility					
	Known Exposure	Symptomatic	Medical appointments, dialysis, hospital stay, family or community outing		New admissions
			Leave is <b>Less</b> than 24 hours - with no known exposure or symptoms	Leave is <b>More</b> than 24 hours - with no known exposure or symptoms	
Resident Fully Vaccinated <sup>1</sup>	Quarantine <sup>2</sup>	Quarantine	No quarantine	No quarantine	No quarantine
Resident Not Fully Vaccinated <sup>1</sup>	Quarantine <sup>3</sup>	Quarantine	No quarantine	a. Quarantine for hospital stay; b. For all others, assess risk of exposure <sup>4</sup> (e.g., Activity, Time, Precautions Taken, Resources Available)	Quarantine
Resident COVID-recovered within 90 days	No quarantine <sup>5</sup>	Quarantine <sup>6</sup>	No quarantine	No quarantine	No quarantine

[https://www.michigan.gov/documents/mdhhs/MDHHS Guidance to Protect Residents of Long-Term Care Facilities 721564 7.pdf](https://www.michigan.gov/documents/mdhhs/MDHHS_Guidance_to_Protect_Residents_of_Long-Term_Care_Facilities_721564_7.pdf)

**Under what circumstances  
should a resident be isolated?**

# Under what circumstances should a resident be isolated?

- Symptomatic (currently ill)
- Positive Test (whether symptomatic or asymptomatic)

**What if screening questions for returning residents result in “I don’t know” answers?  
Does the facility automatically quarantine, even if there is a negative test or no symptoms?**

# What if screening questions for returning residents result in “I don’t know” answers? Does the facility automatically quarantine, even if there is a negative test or no symptoms?

- Follow table according to resident’s vaccination status
  - Vaccinated
  - Not vaccinated
  - COVID recovered
- If you are assessing their risk level for an activity > 24 hours
  - Judgement call
  - You have to ask about activity, time away, precautions taken
  - **If you are unsure, place the resident in quarantine**

**Does the vaccination status of a resident have any impact upon the decision to quarantine or isolate?**

# Does the vaccination status of a resident have any impact upon the decision to quarantine or isolate?

How to Determine <u>Quarantine</u> Status After Returning to the Facility					
	Known Exposure	Symptomatic	Medical appointments, dialysis, hospital stay, family or community outing		New admissions
			Leave is <b>Less</b> than 24 hours - with no known exposure or symptoms	Leave is <b>More</b> than 24 hours - with no known exposure or symptoms	
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Resident COVID-recovered within 90 days	No quarantine <sup>5</sup>	Quarantine <sup>6</sup>	No quarantine	No quarantine	No quarantine

**Under what conditions would a staff person who has been on vacation be required to quarantine before returning to work? (example: out-of-country travel)**

# Under what conditions would a staff person who has been on vacation be required to quarantine before returning to work?

## After International Travel

### Fully Vaccinated People

- Get Viral Test within 3-5 days
  - Positive? Isolate and monitor
- Or Self-monitor for S/SX
  - If s/sx develop - isolate and get tested

### Unvaccinated People

- Get Viral Test within 3-5 days **AND** self- quarantine for a full 7 days after travel.
  - Tested Negative – Quarantine for 7 days
  - Tested Positive - ISOLATE
- Or No Test – Self Quarantine for 10 days
  - Self-monitor for S/SX; If s/sx develop - isolate and get tested

### Recovered from COVID-19

- Recovered within the last 3 months – follow all recommendations for Fully Vaccinated People.
  - **But...** you do not need to test unless you are symptomatic.

# Under what conditions would a staff person who has been on vacation be required to quarantine before returning to work?

Domestic Travel RECOMMENDATIONS AND REQUIREMENTS	Not Vaccinated	Fully Vaccinated
	Get tested 1-3 days before travel	✓
Get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you don't get tested.	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

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**Can staff persons return to work if they have tested positive and completed their isolation, but continue to test positive?**

# Can staff persons return to work if they have tested positive and completed their isolation, but continue to test positive?

- Yes, if they have isolated for at least 10 days and fever resolution and symptom improvement (if symptomatic)

# Answers to your questions about Visitation



Katie Commey, MPH

Strategic Partnerships and Special Projects  
Medical Services Administration

**The MDHHS Emergency Order on Requirements for Residential Care Facilities effective March 17, 2021 adopts the latest CMS guidance document on nursing home visitation.**

**Are the core principles and best practices provided in the CMS document considered to be requirements for residential care facilities or only guidance to be considered?**

**Are the core principles and best practices provided in the CMS document considered to be requirements for residential care facilities or only guidance to be considered?**

Residential Care Facilities are required to comply with the guidance presented in CMS [QSO-20-39-NH](#) as revised on March 10, 2020. MDHHS provides additional [guidance](#) that is based off current CDC and CMS guidance.

**The MDHHS Emergency Order on Requirements for Residential Care Facilities effective March 17, 2021 advises that residents and visitors not share food.**

**However, the CMS document on visitation guidance does not include this advice. Is it prohibited for residents and visitors of residential care facilities to share food?**

# **The CMS document on visitation guidance does not include guidance that residents and visitors not share food. Is it prohibited for residents and visitors of residential care facilities to share food?**

Both CMS and MDHHS allow visitation while appropriate infection control guidelines are adhered to, such as screening, social distancing, proper hand hygiene, and wearing a mask. Sharing food is considered a high-risk activity that does not adhere to the intent of the infection control guidelines of social distancing and mask wearing.

**The CMS visitation guidance document provides three scenarios for limiting indoor visitation. Does limitation mean that indoor visitation is prohibited or typically not advisable?**

# **The CMS visitation guidance document provides three scenarios for limiting indoor visitation. Does limitation mean that indoor visitation is prohibited or typically not advisable?**

MDHHS strongly advises against visitation in those scenarios, but limitations imposed in those circumstances are at the facility's discretion. The Local Health Department may also impose restrictions on visitation due to outbreak or other scenarios.

**The first of the three scenarios for limiting indoor visitation in the CMS guidance document refers to the facility's COVID-19 county positivity rate. Which resource should the facility access to determine the facility's COVID-19 county positivity rate?**

**The first of the three scenarios for limiting indoor visitation in the CMS guidance document refers to the facility's COVID-19 county positivity rate. Which resource should the facility access to determine the facility's COVID-19 county positivity rate?**

Facilities can use either the [CMS county positivity chart](#) or the [MiSafeStart map](#) when determining county positivity rates.

**The CMS guidance document encourages facilities in medium or high-positivity counties to offer testing to visitors, if feasible. Which rates are considered medium or high-positivity?**

**The CMS guidance document encourages facilities in medium or high-positivity counties to offer testing to visitors, if feasible. Which rates are considered medium or high-positivity?**

<b>Community COVID-19 Activity</b>	<b>County Positivity Rate in the past week</b>
Low	<5%
Medium	5% - 10%
High	>10 %

Adapted from Table 2 in CMS [QSO-20-38-NH](#)

**Is the risk level for the county in which the facility is located to be given any consideration in determining visitor protocols?**

# Is the risk level for the county in which the facility is located to be given any consideration in determining visitor protocols?

County risk level is no longer a factor in the application of visitation guidance. However, there are implications to visitation based on county positivity rate in accordance with the CMS [QSO-20-39-NH](#). Furthermore, local health departments may impose additional guidelines depending on regional circumstances.

**Are there any circumstances under which a facility can require a visitor to be tested?**

## Are there any circumstances under which a facility can require a visitor to be tested?

Testing and vaccination are strongly recommended for visitors but cannot be required.

A facility cannot deny visitor entry based solely on either condition.

**What are the ramifications for a facility that chooses to be more restrictive than the MDHHS, CMS and/or CDC Guidelines?**

# What are the ramifications for a facility that chooses to be more restrictive than the MDHHS, CMS and/or CDC Guidelines?

Facilities have some flexibility to apply appropriate restrictions such as on time, when, where in the facility, etc. for visitation. These restrictions should be based on clinical decisions and infection control practices. However, a facility cannot deny visitation unless directed to do so by local health department.

**When and why should a facility contact their local public health department (LPH) in the current time? We are aware that LPH has the authority to enforce or restrict beyond other guidelines which are current. Should the facility be contacting LPH or expect that if a change is required, then the LPH would contact them?**

# Should the facility be contacting LPH or expect that if a change is required, then the LPH would contact them?

Local public health should reach out to facilities should there be enhanced regional guidelines beyond what MDHHS and CMS has released. If you are made aware of additional local guidance but have not been contacted, you can reach out. Other reasons for facilities to reach out to local public health departments would include reporting the presence of a confirmed COVID-19 positive employee or resident and complying with any additional contact tracing efforts as requested.

**Can an isolated or quarantined individual receive compassionate care visits? What if the individual is positive for COVID-19?**

# Can an isolated or quarantined individual receive compassionate care visits? What if the individual is positive for COVID-19?

A facility cannot deny entry for a visitor that meets compassionate care requirements, assuming transmission-based precautions can be maintained. The facility may impose some restrictions on time, when, etc., but these restrictions should be based on clinical decisions, such as not during aerosolizing procedures, or if the local health department order restricting visits. While CMS [QSO-20-39-NH](#) provides guidance to allow compassionate care visits even when a resident is in isolation, every other available measure and option should be explored first.

**If a resident and their family member/other visitor have both been vaccinated, is the 6-foot distance still required?**

# If a resident and their family member/other visitor have both been vaccinated, is the 6-foot distance still required?

CMS [QSO-20-39-NH](#) provides latitude for residents that have been vaccinated to choose whether they are comfortable with direct contact with a visitor, though this guidance also indicates it is best practice to keep contact brief, well-fitting masks should be worn, and appropriate hand hygiene should be followed.

# COVID-19 Testing Program Updates



Danielle Jones, MPH

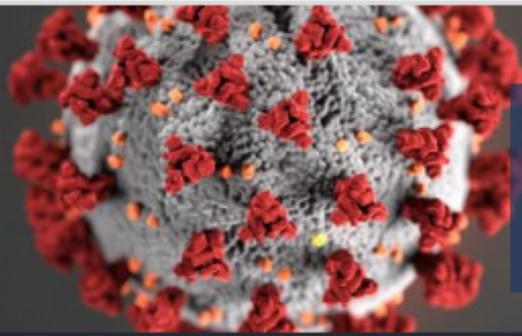
Vulnerable Population Testing Liaison  
Public Health Administration



# Michigan COVID Antigen Reporting

*April 2021*





## Emergency Order Pursuant to MCL 333.2253 - Instructions to Hospitals, Laboratories, and Health Professionals

[Michigan.gov/Coronavirus](https://Michigan.gov/Coronavirus)

Updated 3-31-2021

### **Reporting Requirements for COVID-19 Diagnostic Testing**

All polymerase chain reaction (PCR) tests conducted for COVID-19 must be reported to the Michigan Department of Health and Human Services (the "Department") in a manner directed by the Department via the Michigan Disease Surveillance System (i.e., electronic laboratory reports or manual case entry) within 4 hours of completion of the test, whether positive or negative.

Antigen tests for COVID-19 must be reported to the Department in a manner directed by the Department within 4 hours of completion of the test if the result is positive to the [Michigan Antigen Testing Results Portal](#). On a day when testing occurs the total number of negative antigen tests completed must be reported within 24 hours. Facilities that wish to may continue to provide individual negative results.



[Reporting Requirements](#)



[Michigan Antigen Testing Results Portal](#)



# Entering by FORM (*Search for Facility*)

- \* AFC
- \* HFA
- \* Jail
- \* LHD
- \* MDOC
- \* Neighborhood
- \* School
- \* SNF

New Search  
 Capability for some Organizations\* can select from list and will autofill Org. Type, Org. ID & Building ID (if applicable), Facility Name and Address

Can update any fields if desired and still add **Phone#** and **Description** (i.e. sport "soccer", or type "staff", "visitors", etc.)



## Antigen Testing Results

Select how you would like to enter information:



Recommended when you're adding just a few individuals

Open Form



Search for Facility

First, Search for your Facility or enter Facility Information manually

Search By Org ID (District Code), Building ID (School Entity), Facility Name and/or Facility Address

### Facility Information

\* = Mandatory/Required

Organization Type: * <input type="text" value="School"/>	Organization ID (i.e. District Code): <input type="text" value="33215"/>	Building ID (i.e. School Entity): <input type="text" value="04403"/>
Facility Name: * <input type="text" value="Waverly Senior High School"/>	Facility Street Address: * <input type="text" value="160 Snow Rd"/>	
City: * <input type="text" value="Lansing"/>	Zip Code: 5 digit (XXXXX) * <input type="text" value="48917"/>	
Phone: (XXX-XXX-XXXX) * <input type="text"/>	Description: <input type="text"/>	

### Verify Your Facility

Please select your Facility.

Organization ID: 33215  
 Building ID: 05685  
 Waverly Middle School  
 620 Snow Rd  
 Lansing, MI 48917  
 Phone #

Organization ID: 33215  
 Building ID: 04403  
 Waverly Senior High School  
 160 Snow Rd  
 Lansing, MI 48917  
 Phone #

Organization ID: 7875  
 Building ID: 04403  
 Waverly Senior High School  
 160 Snow Rd  
 Lansing, MI 48917  
 Phone #

Confirm

Search

# </> Entering by FORM (*Manual Enter Facility Info*)



## Antigen Testing Results

Select how you would like to enter information:

 Recommended when you're adding just a few individuals

 Recommended when you're adding many individuals



First, Search for your Facility or enter Facility Information manually

Search By Org ID (District Code), Building ID (School Entity), Facility Name and/or Facility Address

### Facility Information

\* = Mandatory/Required

Organization Type: \*  Organization ID (i.e. District Code):  Building ID (i.e. School Entity):

Facility Name: \*  Facility Street Address: \*

City: \*  Zip Code: 5 digit (XXXXX) \*

Phone: (XXX-XXX-XXXX) \*  Description:

- **Select Org Type** (i.e. "School"; or non-school youth sports use "Public Venue")
- **Org ID** (i.e. School District # or LTC license)
- **Bldg ID** (i.e. School Entity #)
- **Facility Name, Address, Phone**
- **Description** (i.e. sport "soccer", or type "staff", "visitors")

Next, enter Test and Ordering Provider Information:

### Test Information

\* = Mandatory/Required

Testing Date: \*

Test Type: \*

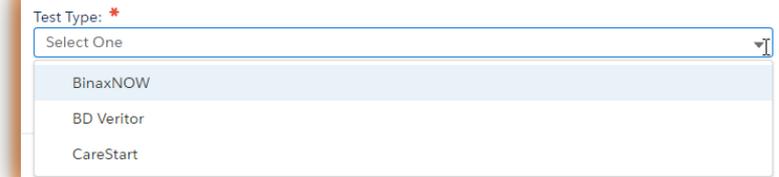
### Ordering Provider Information

Provider First Name:

Provider Last Name:

Provider Affiliation (or "Standing Order"):

- Select **Testing Date** (calendar picker 📅)
- Select **Test Type** (mostly "**BinaxNOW**" being sent)
- Enter **Ordering Provider Info** (if have qualified licensee (PARN, RN, LNP, PA, Physician or Dentist) Name or if using the State "**Standing Order**" type in Provider Affiliation (i.e. Schools))



Test Type: \*

- BinaxNOW
- BD Veritor
- CareStart

 Entering by FORM (*Test Info & Ordering Provider Info*)



# Entering by FORM (Individual Entry)

- **Individual ID** – unique (*not SS #, i.e. badge #, employee ID, patient ID, student ID*)
- **Name & Birthdate** 📅
- can check if Address same as Facility (*i.e. nursing home*)
- **Address & Phone**
- **Select Sex, Race & Ethnicities**
- **Select COVID symptoms**
- **Card #** - lot code on card's wrapper
- **Select Test Result**

continue to **Add Individuals**

(can just do Positives, **Total Negatives** next)

Finally, enter Individual Information for all tested individuals, regardless of the result. When all individuals have been entered, click the **Save** button at the bottom of this page.

## Individual Information

### Individual 1

Individual ID: \*

Enter a unique identifier that will be the same each time you enter information for this individual. Please do NOT enter a Social Security Number.

First Name: \*

Middle Name:

Last Name: \*

Date of Birth: \*

Same as Facility:

Note: Only select if the individual resides at the facility entered above

Home Address: \*

City: \*

Zip Code: 5 digit (XXXXX) \*

Phone: (XXX-XXX-XXXX) \*

Sex: \*

Race: \*

Ethnicity: Hispanic/Latino: \*

Ethnicity: Arab/Middle Eastern: \*

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): \*

Card Number (i.e. lot code on card's wrapper): \*

Test Results: \*



If choose to do  
one Individual entry for  
**TOTAL NEGATIVES** for day

# Entering by FORM (Individual Entry)

- Individual ID – “ALL NEGATIVES”
- Name – “ALL” “NEGATIVES”
- Birthdate – 1/1/20
- Address – “Negative Street” “Negative” “49999”
- Phone – “555-555-1212”
- Sex, Race & Ethnicity – “Unknown”
- COVID symptoms – “Unknown”
- Card # - enter **TOTAL # of Negatives**
- Test Result – “Negative”

Finally, enter Individual Information for all tested individuals, regardless of the result. When all individuals have been entered, click the button at the bottom of this page.

## Individual Information

### Individual 1

Individual ID: \*

Enter a unique identifier that will be the same each time you enter information for this individual. Please do NOT enter a Social Security Number.

ALL NEGATIVES

First Name: \*

ALL

Middle Name:

Last Name: \*

NEGATIVES

Date of Birth: \*

Jan 1, 2000

Same as Facility:

Note: Only select if the individual resides at the facility entered above

Home Address: \*

Negative Street

City: \*

Negative

Zip Code: 5 digit (XXXXX) \*

49999

Phone: (XXX-XXX-XXXX) \*

555-555-1212

Sex: \*

Unknown

Race: \*

Unknown

Ethnicity: Hispanic/Latino: \*

Unknown

Ethnicity: Arab/Middle Eastern: \*

Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): \*

Unknown

Card Number (i.e. lot code on card's wrapper): \*

25

Test Results: \*

Negative



# Entering by FILE (*Download File*)

 Antigen Testing Results

Select how you would like to enter information:

 Recommended when you're adding just a few individuals

 Recommended when you're adding many individuals

When you finish entering your data in the excel document, save it as a .CSV and attach. Your file must be under 1 MB.

- Select **Download File** – open the Excel document downloaded and fill in per directions
- **DIRECTIONS** tab has column information and instructions on file use
- Must “Save As” a **\*.CSV** file from **CSV File** tab to upload (clicking  ) *under 1MB*
- Can save your file roster for reuse, just remember to update Date, Symptoms, Card # and Results as appropriate for each submission (*as well as adding individuals as necessary or removing if not appropriate for that day's submission*)



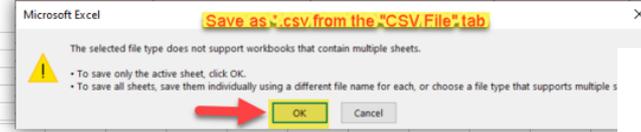
# Entering by FILE (*DIRECTIONS* tab)

After completed entering/updating data, save file as \*.CSV from the "CSV File" tab and select OK on the pop up (shown on right) and upload on website

See Cell Notes (red triangle in top right corner - hover to see) for helpful descriptions on certain columns

Once select Org Type (A) and Facility Name (B) from list [or can manually enter columns (B)-(H)] can copy down as many rows as needed for different Individuals and just update TEST DATE and Symptoms, CARD # and RESULTS for each person for each

First row has the INDIVIDUAL INFO filled in as needed for reporting TOTAL NEGATIVES if not doing by person



Column	Form Section	Field Name	Description	Required Field
A	FACILITY INFORMATION	OrganizationType	Select from drop-down list 14 choices only Group-down choices available for AR, NFA, Jan, LMU, MDUC, Neighborhood Testing, School or SNF - if choose Facility Name from drop-down list columns C-H will auto populate; but you can overwrite if anything needs updating or if your Facility is not listed. Can search the available list on the <a href="#">Facility List</a> .	Y
B		FacilityName	For example School District or Facility License	Y
C		OrganizationID	For example School Entity Code or Building within an	Y
D		BuildingID	Street Address of your Facility	Y
E		FacilityStreetAddress	Michigan City Facility located in	Y
F		FacilityCity	5 digit MI Zip Code between 48000-49999	Y
G		FacilityZipCode	Facility Phone # with area code	Y
H		FacilityPhoneNumber	Extra information - for example Sport reporting on; or specific event or type of people testing (staff, students, visitors, etc.) - make sure to update for each submission	Y
I	TEST INFO	FacilityDescription	Select from drop-down list only - BinaxNOW, BD Veritor or is using Ordering Provider, their First Name (optional)	Y
J		TestingDate	is using Ordering Provider, their Last Name (optional)	Y
K	ORDERING PROVIDER	TestType	can type "Standing Order" if under the state's standing order; or if using Ordering Provider, their Affiliation	Y
L		ProviderFirstName	Unique ID like employee #, student #, patient # or something assigned (not social security #); "ALL NEGATIVES" for Total	Y
M		ProviderLastName	Individual First Name; "ALL" for Total Negatives	Y
N	INDIVIDUAL INFORMATION	ProviderAffiliation	Individual Middle Name (optional)	Y
O		IndividualID	Individual Last Name; "ALL" for Total Negatives	Y
P		FirstName	Individual Date of Birth (mm/dd/yy); "01/01/00" for Total	Y
Q		MiddleName	Individual Home Street Address; "Negative Street" for Total	Y
R		LastName	Individual Home City (assume Michigan); "Negative" for Total	Y
S		DateOfBirth	Individual Phone # with area code; "555-555-1212" for Total	Y
T		HomeAddress	Select from drop-down list only - M, F, Unknown; "Unknown" for	Y
U		City	Select from drop-down list choices only; "Unknown" for Total	Y
V		ZipCode	Select from drop-down list only - Hispanic/Latino, Non-Hispanic/Latino, Unknown; "Unknown" for Total Negatives	Y
W		Phone	Select from drop-down list only - Arab/Middle Eastern, Non-Arab/Middle Eastern, Unknown; "Unknown" for Total	Y
X	Sex	For example fever cough, shortness of breath, sore throat,	Y	
Y	Race			
Z	EthnicityHispanicLatino			
AA	EthnicityArabMiddleEastern			

Reporting TOTAL NEGATIVES (instead of each individual person) - screenshot from web form; first row of "CSV File" for use if desired (can still report individually if prefer or fr

Individual 1

Individual ID #: (i.e. Employee or Student #)\*  
ALL NEGATIVES

First Name:\*  
ALL Middle Name:

Last Name:\*  
NEGATIVES Date of Birth:\*  
Jan 1, 2000

Home Address:\*  
Negative Street City:\*  
Negative

Zip Code: 5 digit (XXXXX)\* Phone: XXX-XXX-XXXX\*

## Directions on Use

- Important Notes
- Column Info
  - Form Section
  - Descriptions
  - if Required
- Must be on **CSV File** tab and **Save as \*.csv** for file to upload (note pop up must click "OK" – see screenshot)

- **Notes** with info. if hover over cells with red triangles in top right corner of Column Header Names in row 1
- Red Cells/Columns are **required fields\***

OrganizationType	FacilityName	OrganizationID	BuildingID	FacilityStreetAddress	FacilityCity	FacilityZipCode	FacilityPhoneNumber	FacilityDescription	TestingDate	TestType	ProviderLastName	ProviderAffiliation
School	ott Middle School	63160	6292	3380 Orchard Lake Rd	Orchard Lake	48324						
Public Facing (i.e. Drive Thru or Pop Up)												
Public Venue												
School												
Shelter												
SNF (Skilled Nursing Facility)												
Training												
OTHER - STATE AGENCY (i.e. DMVA or F												
OTHER - NON STATE AGENCY												

- Select **Organization Type** – if AFC, HFA, Jail, LHD, MDOC, Neighborhood, School or SNF; the **Facility Name** will have drop-down choices to pick from and if select will autofill **OrgID, BuildingID, Street Address, City, Zip**
- Can type in all **Facility Info** if not in list or want to update (must add **Phone #; Description can be sport i.e. “soccer”, or type “staff”, “visitors”, etc.)**
- Enter **Testing Date** and select **Test Type** – majority sent have been **“BinaxNOW”**
- **Provider Info** - if have qualified licensee (*PARN, RN, LNP, PA, Physician or Dentist*) Name or if using the State **“Standing Order”** type in Provider Affiliation column N (*i.e. Schools*)
- Can copy down **Facility Info** and **Provider Info** for as many rows as need

IndividualID	FirstName	MiddleName	LastName	DateOfBirth	HomeAddress	City	ZipCode	Phone	Sex	Race	EthnicityHispanicLatino	EthnicityArabMiddleEastern	COVID19Symptoms	CardNumber	TestResults
ALL NEGATIVES	ALL		NEGATIVE	01/01/2000	Negative Street	Negative	49999	#####	Unknown	Unknown	Unknown	Unknown	No		Negative

- Enter **Individual Info** – first row has entries if want to use for **TOTAL NEGATIVES** (enter **TOTAL #** in Card Number column AC)
- Enter all **Name, Birthdate, Address, Card #** select **Sex, Race, Ethnicities, Symptoms, Results**

 Entering by FILE (*CSV File tab*)

**COVID-19**



Antigen Reporting Site:

[!\[\]\(c27be48f17fe8ecbb38b20ac0bca5a5b\_img.jpg\) Michigan Antigen Testing Results Portal](#)

More Info or Questions

[!\[\]\(7c2b9810f9235b80f896ccb0dcbb3827\_img.jpg\) Coronavirus - Resources \(michigan.gov\)](#)

Email:

[!\[\]\(9ad9446bc2b2cfb864c26975a60a8300\_img.jpg\) MDHHS-COVIDTestingSupport@michigan.gov](mailto:MDHHS-COVIDTestingSupport@michigan.gov)

# Conclusion

## *Reminder*

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

If you're not a member and would like the recording, email us at [MDHHS-COVID-AFC-HFA-Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

# Send your questions/comments to:

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**Staffing:** [MDHHS-LTCStaffing@michigan.gov](mailto:MDHHS-LTCStaffing@michigan.gov)

**Vaccines:** [MDHHS-COVID-Longtermcare@Michigan.gov](mailto:MDHHS-COVID-Longtermcare@Michigan.gov)

**Testing:** [MDHHS-Binaxnowrequest@michigan.gov](mailto:MDHHS-Binaxnowrequest@michigan.gov)

**Emergency Orders:** [MDHHS-MSA-COVID19@michigan.gov](mailto:MDHHS-MSA-COVID19@michigan.gov)

**All Other Questions:**

[MDHHS-COVID-AFC-HFA-Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

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