

# Welcome and Introductions

Wednesday, March 24, 2021



Jeff Wieferich, Director

Bureau of Community-Based Services

Behavioral Health & Developmental Disabilities Administration

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

# Housekeeping

We will not be granting permission for you to record today's presentation. Instead, **we will record it** and 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)

- Please keep your microphones muted and **type your questions into Chat.**

# Today's topics and guests

- **New Emergency Order for Residential Care Facilities, including revised testing and visitation guidelines**  
Katie Commey, MPH  
Manager, Strategic Partnerships and Special Projects
- **COVID-19 Testing Program Updates**  
Danielle Jones, MPH  
Vulnerable Population Testing Liaison

# LTC Visitation and Testing Guidance



Katie Commey, MPH

Strategic Partnerships and Special Projects

Medical Services Administration

# TESTING AND VISITATION GUIDANCE FOR LONG TERM CARE FACILITIES

- New Emergency Order for Residential Care Facilities
  - Impacts on visitation
  - Impacts on testing
- Review of existing Emergency Order for Testing in SNF, HFA and AFCs
- Questions can be directed to:  
[MDHHS-MSA-COVID19@michigan.gov](mailto:MDHHS-MSA-COVID19@michigan.gov)

# VISITATION GUIDANCE

## SOURCE:

MDHHS Emergency Order –  
Requirements for Residential Care  
Facilities

Issued: March 17, 2021

Full Text:

[https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_98455-554773--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-554773--,00.html)



## March 17 - Requirements for Residential Care Facilities Rescission of March 2, 2021 Order

Michigan law imposes on the Michigan Department of Health and Human Services (MDHHS) a duty to "continually and diligently endeavor to prevent disease, prolong life, and promote the public health," and gives the Department "general supervision of the interests of the health and life of the people of this state." MCL 333.2221. MDHHS may "[e]xercise authority and promulgate rules to safeguard properly the public health; to prevent the spread of diseases and the existence of sources of contamination; and to implement and carry out the powers and duties vested by law in the department." MCL 333.2226(d).

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. COVID-19 spreads through close human contact, even from individuals who may be asymptomatic.

In recognition of the severe, widespread harm caused by epidemics, the Legislature has granted MDHHS specific authority, dating back a century, to address threats to the public health like those posed by COVID-19. MCL 333.2253(1) provides that:

If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.

*See also In re Certified Questions from the United States District Court*, Docket No. 161492 (Viviano, J., concurring in part and dissenting in part, at 20) ("[T]he 1919 law passed in the wake of the influenza epidemic and Governor Sleeper's actions is still the law, albeit in slightly modified form."); *id.* (McCormack, C.J., concurring in part and dissenting in part, at 12). Enforcing Michigan's health laws, including preventing disease, prolonging life, and promoting public health, requires limitations on gatherings and the establishment of procedures to control the spread of COVID-19. This includes limiting the number, location, size, and type of gatherings, and requiring the use of mitigation measures at gatherings as a condition of hosting such gatherings.

As of March 17, 2021 the State of Michigan had a total of 612,628 confirmed cases and 15,810 deaths. The current seven-day average has increased to 143.6 cases per million people. The case rate remains 80% lower than the case rate in mid-November peak, but is now 50% higher than mid-February low. Michigan's test positivity has also increased to 5.1% as of March 13<sup>th</sup> and is plateau or increasing in most regions as well. While metrics have decreased from all-time highs, further progress has stalled and there is concern of another spike with the presence of more infectious variants in Michigan and the United States. A high number of cases creates significant pressure on our emergency and hospital systems. Improvements in healthcare capacity have reversed and have increased 38% in the last four weeks. An average of 150 daily hospital admissions was seen in Michigan in the last week, with individuals under the age of 60 accounting for 47% of all new admissions. As of March 17<sup>th</sup>, 1,111 Michiganders were hospitalized with COVID-19 and 4.4% of all available inpatient beds were occupied by patients who had COVID-19. The state death rate was at that time 1.4 deaths per million people and there were approximately 105 weekly deaths in Michigan attributable to COVID-19. This is an 89% decrease from the second peak, which reached 13.7 deaths per million on December 10, 2020.

Yet, new and unexpected challenges continue to arise. In early December 2020, a variant of COVID-19 known as B.1.1.7 was detected in the United Kingdom. This variant is roughly 50 to 70 percent more infectious than the more common strain. On January 16, 2021, this variant was detected in Michigan. It is anticipated that the variant, if widespread in the state, would significantly increase the rate of new cases. Additionally, the first identified case of the variant known as B.1.351 - originally detected in South Africa - was identified earlier this month in Michigan. Continued progress in controlling the virus necessitates close monitoring of cases and impacts, alongside efforts to increase the rate of vaccination. Therefore, as lower COVID-19 rates permit easing of precautions, we must continue to proceed slowly and carefully.

# BASIC INFORMATION

- WHO does this order apply to?
  - Residential Care Facilities:  
Nursing homes, Homes for the Aged, Adult Foster Care facilities, hospice facilities, substance use disorder residential facilities, or assisted living facilities. It does **not** include independent living facilities.
- WHAT is the effective date?
  - March 17, 2021
- DO previously issued Emergency Orders still apply?
  - This order rescinds the March 2, 2021 order entitled “Requirements for residential care facilities”



# WHAT IS INCLUDED?

- Residential Care Facilities shall comply with CMS [QSO-20-39-NH](#) (issued September 17, 2020 and updated on March 10, 2021)
- Support communal dining with appropriate infection prevention efforts
- Inform residents/employees of identification of COVID-19 within the facility
- Maintain accurate and current COVID-19 records, report consistent with MDHHS surveillance reporting guidance

# HIGHLIGHTS OF CMS QSO-20-39-NH

- Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations
- Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission

## **Core Principles of COVID-19 Infection Prevention**

- Screening of all who enter the facility for signs and symptoms of COVID-19
- Hand hygiene
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required\*

# VISITATION GUIDANCE

## FROM CMS QSO-20-39-NH

- Outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19
- Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances discussed on the next slide

# LIMITATIONS ON INDOOR VISITATION FROM CMS QSO-20-39-NH

Indoor visitation should **not** take place in the following scenarios:

- Unvaccinated residents, if the facility's COVID-19 county positivity rate is  $>10\%$  **and**  $<70\%$  of the residents in the facility are fully vaccinated
- Residents with confirmed COVID-19 infection
- Residents in quarantine, whether vaccinated or unvaccinated
- During initial round of outbreak testing at least\*

\* See CMS QSO-20-39-NH for further details on how to safely conduct indoor visits in outbreak scenarios.

# VISITOR TESTING & VACCINATION

## FROM CMS QSO-20-39-NH

- Facilities in medium- or high-positivity counties are encouraged to offer testing to visitors
- Facilities may also encourage visitors to be tested on their own prior to coming to the facility
- Visitors should be encouraged to become vaccinated when they have the opportunity

### **HOWEVER:**

- Visitors should not be required to be tested or vaccinated (or show proof of such) **as a condition of visitation.**

# MDHHS VISITATION GUIDANCE

- MDHHS Issued [Residential Care Facilities Visitation Guidance](#) on March 17, 2021
- This guidance document provides recommendations for visitation standards in residential care facilities, such as:
  - Scheduling visits and limiting duration of visits
  - Limiting visitor movement within the facility
  - Infection Prevention Measures (health screening, wear masks, hand hygiene, physical distancing)

# RESOURCES

- [Emergency Order issued March 17, 2021](#)
- [CMS QSO 20-39NH revised March 10, 2021](#)
- [MDHHS Supplemental Visitation Guidance](#)
- [CMS Visitor Resource](#)

# TESTING GUIDANCE

## SOURCE:

MDHHS Emergency Order –  
Testing in Skilled Nursing Facilities,  
Homes for the Aged, and Adult  
Foster Care Facilities

Issued: October 28, 2020

Full Text:

[https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_98455\\_98456\\_103043-543592--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455_98456_103043-543592--,00.html)





## Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine for this disease. COVID-19 spreads through close human contact, even from individuals who may be asymptomatic. On March 10, 2020, the Michigan Department of Health and Human Services ("MDHHS") identified the first two presumptive-positive cases of COVID-19 in Michigan. Throughout the pandemic, Michigan has used a range of public health tools and guidance to contain the spread of COVID-19 and protect the public health, including via the Governor's authority under the Emergency Management Act and the Emergency Powers of Governor Act. On Friday, October 2, 2020, the Michigan Supreme Court concluded that the Governor was not authorized to issue executive orders addressing COVID-19 after April 30, 2020.

Michigan was one of the states most heavily impacted by COVID-19 early in the pandemic, with new cases peaking at nearly 2,000 per day in late March. Strict preventative measures and the cooperation of Michiganders drove those numbers down dramatically, greatly reducing the loss of life. Although fewer than 100 new cases per day were reported in mid-June, cases have increased since that time, and recently as many as over 3,000 new cases have been reported per day. To ensure continuation of essential public health services, we must not permit the spread of COVID-19 to increase. This necessitates continued measures to condition the gathering of individuals upon certain precautions being put in effect, including the ability to identify and isolate cases in order to reduce the spread of the virus. Based on the authority of MDHHS, it is necessary to issue orders under the Public Health Code to control the COVID-19 epidemic.

Michigan law imposes on MDHHS a duty to continually and diligently endeavor to "prevent disease, prolong life, and promote public health," and gives the Department "general supervision of the interests of health and life of people of this state." MCL 333.2221. MDHHS may "[e]xercise authority and promulgate rules to safeguard properly the public health; to prevent the spread of diseases and the existence of sources of contamination; and to implement and carry out the powers and duties vested by law in the department." MCL 333.2226(d). Furthermore, where imminent danger to the health or lives of individuals exists in the state, MDHHS has an interest in regulation to rectify conditions that constitute a menace to the public health. MCL 333.2251(1) and (3).

In recognition of the severe, widespread harm caused by epidemics, the Legislature has granted MDHHS specific authority, dating back a century, to address threats to the public health like that posed by COVID-19. MCL 333.2253(1) provides that "[i]f the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code." See also *In re Certified Questions*, Docket No. 161492 (Viviano, J., concurring in part and dissenting in part, at 20) ("[T]he 1919 law passed in the wake of the influenza epidemic and Governor Sleeper's actions is still the law, albeit in slightly modified form."); see also *id.* (McCormack, C.J., dissenting, at 12). Enforcing Michigan's health laws, including preventing disease, prolonging life, and promoting public health, requires limitations on gatherings and the establishment of procedures to control the spread of COVID-19. This includes testing protocols to identify COVID-19 cases and isolate them to prevent spread to additional individuals.

Considering the above, and upon the advice of scientific and medical experts employed by MDHHS, I have concluded pursuant to MCL 333.2253 that the COVID-19 pandemic continues to constitute an epidemic in Michigan. I further conclude that control of the epidemic is necessary to protect the public health and that it is necessary to establish procedures to be followed during the epidemic to ensure the continuation of essential public health services and enforcement of health laws. As provided in MCL 333.2253, these emergency procedures are not limited to the Public Health Code.

# DISCLAIMER

While the following content will use the term “required” to describe scenarios in which testing is to be conducted, consent or assent must be obtained. Facilities must have protocol in place to manage staff and residents who decline or are unable to be tested.

# BASIC INFORMATION

- WHICH facilities are required to conduct COVID-19 testing?
  - Nursing Homes
  - Homes for the Aged
  - Adult Foster Care Facilities – based on size
    - Applies to facilities licensed to care for 13 or more residents
- WHO needs to be tested?
  - Staff
  - Residents

# REQUIRED TESTING SCENARIOS

- Initial testing of all residents and staff
- Testing any resident or staff member with symptoms of COVID-19 or suspected exposure;
- Weekly testing of all residents and staff in facilities with any positive cases among residents or staff, until 14 days after the last new positive;
- Weekly testing of all staff in counties of risk levels A through E on the [MI Safe Start Map](#);
- Testing of all new or returning residents during intake unless tested in the 72 hours prior to intake;
- Testing of all newly hired staff on their start date or in the 72 hours prior to start date.

# ADDITIONAL CONSIDERATIONS

- Asymptomatic individuals who recovered from COVID-19 in the past 3 months are exempted from testing
- The Emergency Order does not specify Antigen (Point of Care) or PCR as the required method, though you must use an FDA-authorized diagnostic test
  - Note: MDHHS reimbursement is limited to Antigen (Point of Care) and confirmatory PCR
  - If the facility is conducting antigen testing, reporting of positive, negative, and indeterminate results are required
- MDHHS provides testing support

# RESOURCES

- [Emergency Order issued October 28, 2020](#)
- [MI Safe Start Map](#)
- [Antigen Test Result Reporting Form](#)
- [LTC Testing – Financial Guidance](#)
- [Antigen Supply Request Form](#)
- [LTCF Testing Reimbursement Form](#)



Danielle Jones, MPH

Vulnerable Population Testing Liaison  
Public Health Administration

# Testing Supplies

Testing Supplies must be ordered. MDHHS does not provide recurring shipping.

- 2 weeks in advance to allow processing and shipping
- If you are experiencing an outbreak, shipping will be expedited.
- Include visitor testing estimation for supplies.





# Antigen Test Expansion

All LTCs are included in the testing strategy

- MDHHS will provide antigen testing supplies to all smaller and medium-sized AFCs and HFAs
- For LTCs licensed to care for 12 or fewer residents, testing requirements are based on policy and testing rules of the organization.
  - Weekly testing is not required for these smaller LTCs.

# Questions on Testing

Please send all questions to

[MDHHS-COVIDTestingSupport@Michigan.gov](mailto:MDHHS-COVIDTestingSupport@Michigan.gov)

**QUESTIONS**  
**on any information**  
**presented today**  
**?**

# Conclusion

## *Reminder*

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

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# 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-COVIDTestingSupport@michigan.gov](mailto:MDHHS-COVIDTestingSupport@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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