

Welcome and Introductions



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

It's been difficult granting permission to each of you to record these presentations. Instead, we will record them and send the recordings 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

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

Today's topics and guests

- **COVID-19 Testing Updates**
Danielle Jones, MPH, Vulnerable Population Testing Liaison
- **COVID-19 Reporting Requirements**
Katie Commey, MPH, Manager, Strategic Partnerships and Special Projects
- **Procedures for when residents leave and return**
Raymie Postema, Director, MDHHS Office of Recipient Rights

COVID-19 Testing Updates



Danielle Jones, MPH
Vulnerable Population Testing Liaison
Public Health Administration

Antigen Testing

- ❖ BinaxNow testing kits
- ❖ CareStart™ testing kits
- ❖ Honu Management Group will continue to support sites with established relationships.
 - ❖ Antigen Supply request form completion is not required for this group.

Confirmatory PCR Test

Beginning 3/22/2021, Honu Management Group will only provide Confirmatory PCR test support

- ❖ Confirmatory PCR request should be submitted using the Testing and Support Ordering Form- Honu drop off supplies
- ❖ Guidelines for ordering PCR test supplies based on outbreak testing needs are under development, will be released in the coming weeks.
- ❖ PCR test provided will be saliva

Reporting Requirements

All antigen test results are to be reported.

- ❖ Positive
 - ❖ Negative
 - ❖ Inconclusive
-
- ❖ Required POC Result reporting is not satisfied by reporting to the Local Health Department
 - ❖ Results for antigen test must* be done using the Antigen Reporting Form

COVID-19 Reporting Requirements



Katie Commey, MPH

Strategic Partnerships and Special Projects

Medical Services Administration

Types of Required COVID-19 Reporting

Weekly Surveillance

EMResource or Qualtrics

Antigen (POC) Test Results

BD, BinaxNow, CareStart

Weekly Surveillance Reporting

Who	Nursing Homes, Homes for the Aged, Adult Foster Care licensed for 13+ beds
What	Summary Reports: Resident and staff COVID-19 case and death counts, PPE, number of residents and staff that are tested/test positive within a 1-week period. Does NOT include any visitor information.
When	Wednesdays between 7 am – 12 noon
Where	Nursing Homes – EMResource (login required) AFC/HFA - Qualtrics Survey (individual facility access links)
Why	MDHHS Epidemic Order requiring LTCs to track and report as defined in DHHS guidance: <ul style="list-style-type: none">• Nursing Homes: Provider Letter 20-65• AFC/HFA: Joint Letter dated 10/21/2020

Weekly Surveillance Reporting

Michigan AFC/HFA COVID-19 Reporting

Survey Completion 0% 100%

AFC HFA Weekly Reporting Survey

To support Michigan's response to the COVID-19 outbreak, all **Home for the Aged (HFA)** and **Adult Foster Care (AFC)** facilities with **bed capacity of 13 or greater** must report on specific data elements that have been identified by the Centers for Disease Control and Prevention (CDC) and the Michigan Department of Health and Human Services (MDHHS). This survey site is only for HFA and AFC facilities. **Skilled nursing facilities must report in EMResource.**

Please reference [Joint letter afc_hfa_covid_19_reporting_10_21_20](#) for HFA and AFC COVID-19 data reporting requirements. Failure to submit complete data according to requirements can result in state compliance actions.

Reporting period: Seven-day period (Wednesday 12:01 AM - Wednesday 12:00 AM). The data collection tool will be available Wednesdays from 7:00 AM - Noon to enter the data for the immediately preceding week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Week 1 Data Collection			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1 Data Collection			Week 1 Data Submission	Week 1 Data Correction (if necessary)		
Week 2 Data Collection						

Example When submitting data by noon (12:00) on Wednesday, November 4, 2020, the facility will report on data collected from Wednesday, October 28, 2020 at 12:01 AM (0001 HRS) through Tuesday, November 3, 2020 at 11:59pm (2359 HRS).

Reporting submission requirement Weekly, Wednesday by noon (1200 HRS)



Powered by Qualtrics

Antigen (POC) Test Result Reporting

Who	All facilities or sites with a Clinical Laboratory Improvement Amendments (CLIA) Waiver* conducting point of care antigen tests. *CLIA Waiver is required to perform test
What	Detailed report about the test specimen/sample collected (date, time, test type), test subject (name, date of birth, etc.) and results of test. All results must be reported – positive, negative and inconclusive. Visitor tests conducted by the facility ARE included in this report.
When	Report due the day results are received
Where	Nursing Homes: NHSN POC Pathway (recommended)– EMResource does not meet this reporting requirement AFC/HFA: Antigen Test Results Reporting Form
Why	Under Section 5111 of Act No. 368 of the Public Acts of 1978, as amended, being 333.5111 of the Michigan Compiled Laws, MDHHS requires all positive, negative and inconclusive results of laboratory tests conducted for Novel Coronavirus, SARS-CoV-2, test be reported

Antigen (POC) Test Result Reporting



Antigen Testing Results

Please enter Facility Information (and Ordering Provider Information) first. Enter the first tested individual below and then use the “Add Individual” button at the bottom of the screen to add more records. All individuals tested, regardless of result, MUST be entered. When the list is complete, click Submit.

Facility Information

* = Mandatory/Required

Organization Type:*

Organization ID # (i.e. District Code):

Building ID # (i.e School Entity Code):

Facility Name:*

Facility Street Address:*

City:*

Zip Code: 5 digit (XXXXX)*

Phone: (XXX-XXX-XXXX)*

Sample Data

Scenario:

ABC House conducts weekly staff COVID-19 testing using the CareStart test kits they received from MDHHS. They also conduct resident and visitor testing as indicated. The following information represents the COVID-19 **testing** the facility recorded this week (10/21 – 10/27):

(03/03) Wednesday	(03/04) Thursday	(03/05) Friday	(03/06) Saturday	(03/07) Sunday	(03/08) Monday
Mr. Jay returns to the facility following a brief stay at the local hospital, the hospital tested Mr. Jay the day before he returned. His results were negative.	Five residents had visitors today. In total 7 visitors were tested; all results were negative.	No COVID-19 testing.	Ms. W has been coughing and has a fever, Ms. W consents to a COVID-19 test, her result is negative.	Mr. Beck is newly admitted to ABC House and consents to a COVID-19 test, his result is positive.	ABC House tests all 36 staff every Monday. This week 35 staff had a negative test result, and 1 staff had a positive test result.

What is Reported?

• Weekly Surveillance Report

- 1 admission
- 1 resident "case"
- 1 staff "case"

Note: all reported on Wednesday between 7 –12 noon

• Antigen (POC) Test Result Reports

- 7 visitor test results
- Ms. W's test results
- Mr. Beck's test results
- 36 staff test results

Note: all reported on the day tests conducted

A Look Back at the Sample Data

Scenario:

ABC House conducts weekly staff COVID-19 testing using the CareStart test kits they received from MDHHS. They also conduct resident and visitor testing as indicated. The following information represents the COVID-19 test **results** the facility recorded this week (10/21 – 10/27):

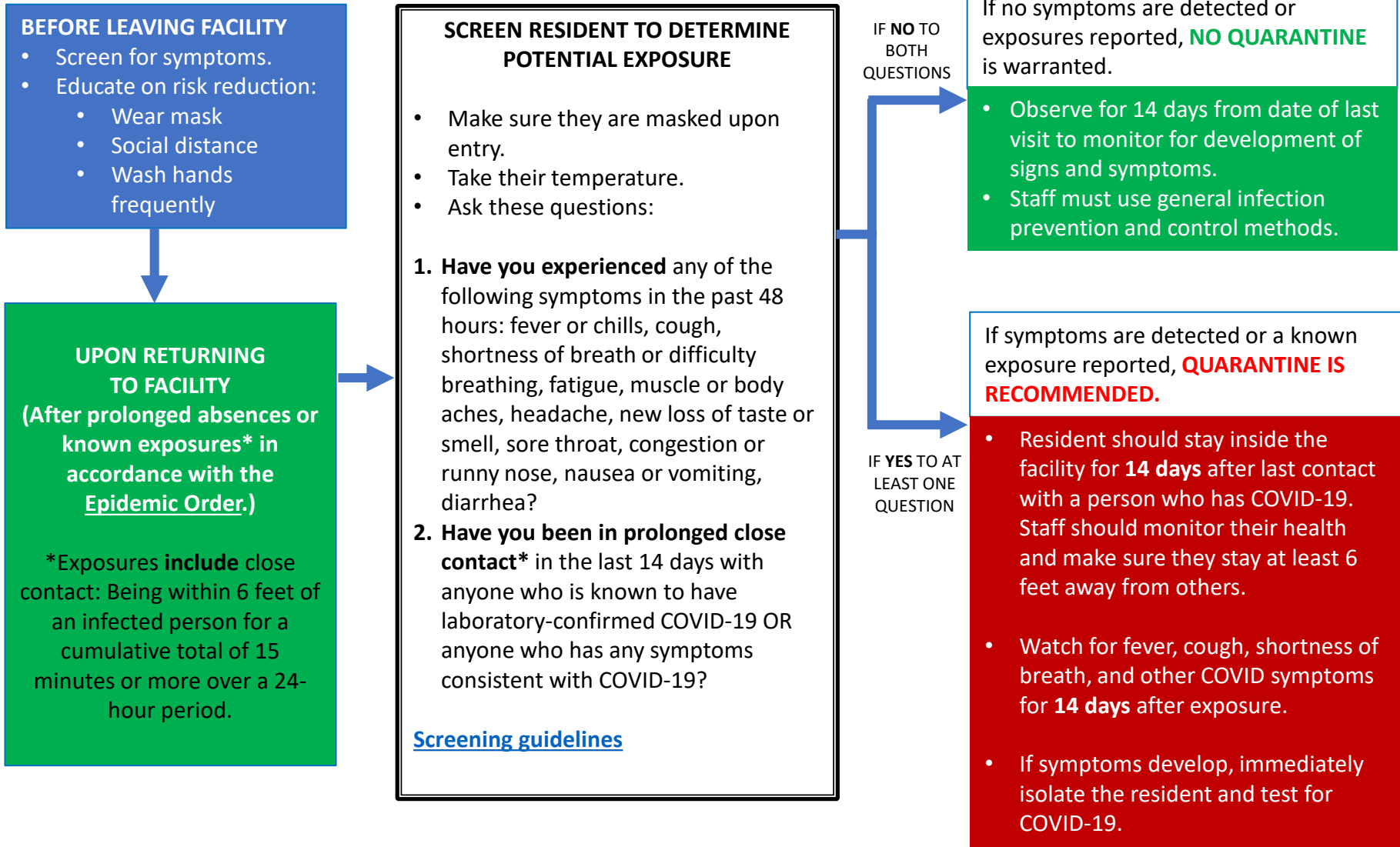
(03/03) Wednesday	(03/04) Thursday	(03/05) Friday	(03/06) Saturday	(03/07) Sunday	(03/08) Monday
Mr. Jay returns to the facility following a brief stay at the local hospital, <u>the hospital tested Mr. Jay</u> the day before he returned. His results were negative.	Five residents had visitors today. In total 7 visitors were tested; all results were negative .	No COVID-19 testing.	Ms. W has been coughing and has a fever, Ms. W consents to a COVID-19 test, her result is negative .	Mr. Beck is newly admitted to ABC House and consents to a COVID-19 test, his result is positive .	ABC House tests all 36 staff every Monday. This week 35 staff had a negative test result, and 1 staff had a positive test result.

COVID-19 procedures for when residents leave and return



Raymie Postema, Director
MDHHS Office of Recipient Rights

Leave-and-Return Decision Tool for Adult Foster Care (AFC) and Homes for the Aged (HFA)



NOTE: If a resident or staff person tests positive for COVID-19, follow the COVID-19 Emergency Response Tool.

This guidance was corrected on 3-18-2021

QUARANTINE

QUARANTINE means the resident must stay inside the facility.

- Quarantine is necessary when a resident has been exposed to COVID-19 and may become ill.
- Quarantine keeps the resident who has been exposed to the virus 6 feet away from others.

ISOLATION

ISOLATION means the resident must stay inside the facility, in a specific room away from other people, and use a separate bathroom if possible.

- Isolation is necessary when a resident is ill or actively contagious.
- Isolation keeps someone who is infected with the virus sealed off from others.

If **ISOLATION** is required for an active illness:

- Prioritize for individual rooms
- Designate a separate bathroom, if possible
- Serve meals in the room
- If more than one resident has tested positive, positive residents may stay in the same area
- If individual rooms are not available:
 - Choose a large, well-ventilated room
 - Keep beds 6 feet apart
 - Use barriers/curtains between beds
 - Align beds head-to-toe if possible

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

Send your questions/comments to:

Staffing: MDHHS-LTCStaffing@michigan.gov

Vaccines: MDHHS-COVID-Longtermcare@Michigan.gov

Testing: MDHHS-Binaxnowrequest@michigan.gov

Emergency Orders: MDHHS-MSA-COVID19@michigan.gov

All Other Questions:

MDHHS-COVID-AFC-HFA-Response@michigan.gov

- Subscribe to correspondence at this link: [Subscribe](#)