

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

April 26, 2021

MDHHS maintains this FAQ document as a supplemental resource to support facilities in their implementation of the following MDHHS Epidemic Orders:

- [Requirements for Residential Care Facilities](#) (issued March 17, 2021)
- [Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities](#) (issued October 28, 2020)

**General Order Questions**

**Did the MDHHS March 17<sup>th</sup> Requirements for Residential Care Facilities Order adopting the CMS guidance included in QSO-20-39-NH intend to modify, rescind or supersede the October 28<sup>th</sup> Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities or otherwise align testing requirements in those facilities to skilled nursing facility resident and staff testing requirements in 42 CFR 483.80(h) and [QSO-20-38-NH](#)?**

No. The March 17<sup>th</sup> Order was intended to apply standards for allowing visitation and communal activities and dining at residential care facilities. MDHHS testing requirements for Skilled Nursing Homes, Home For the Aged, Hospice Facilities and Adult Foster Care facilities licensed to care for 13 individuals or more are as provided in the October 28<sup>th</sup> order. *Further, substance use disorder residential facilities, assisted living facilities, and adult foster care facilities licensed to care for less than 13 individuals are not required to test staff or residents pursuant to either the October 28<sup>th</sup> or March 17<sup>th</sup> MDHHS orders.* The local health departments have the authority to impose testing requirements at any of these facilities above and beyond what MDHHS has in place through its October 28<sup>th</sup> order, that would be an independent decision of each local health department.

**Visitation**

**General Questions**

**Are facilities required to allow visitation under the current order?**

Facilities shall comply with the Center for Medicare and Medicaid Services (CMS) guidance included in [QSO-20-39-NH](#) (issued September 17, 2020 and updated March 10, 2021). Per this guidance, facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission.

These scenarios include limiting indoor visitation for:

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the [criteria to discontinue Transmission-Based Precautions](#); or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from [quarantine](#).

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*Note: Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.*

To supplement the CMS guidance, MDHHS has released additional [recommendations](#) for visitation standards in residential care facilities.

**Should visitation be permitted during an outbreak at the facility?**

Per the CMS guidance, when a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.

Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
  - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

**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 facility restrictions on visitation?**

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 face masks 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.

**Are facilities able to establish set hours or days for visitation?**

Yes, facilities have the flexibility to establish designated visitation times and/or days, and are encouraged to consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the facility's ability to maintain the core principles of infection prevention.

**Outdoor Visitation**

**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)?**

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The CMS Nursing Home Visitation COVID-19 Memo (QSO-20-39-NH) states 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.

Testing

**General Questions**

**Which long-term care facilities are required to test residents and staff?**

Testing is required in:

- [Nursing Homes](#);
- [Homes for the Aged \(HFAs\)](#); and
- [Adult Foster Care homes \(AFCs\)](#) licensed to serve 13 or more individuals.

Testing is encouraged, but not required, in AFCs licensed to serve 12 or fewer individuals, unlicensed Assisted Living facilities, Hospice facilities and Substance Use Disorder (SUD) Residential facilities.

**What is MDHHS doing to support these testing requirements?**

To help implement these testing requirements, MDHHS has shipped antigen testing supplies to Nursing Homes, HFAs, and AFCs licensed to care for 13 or more individuals. These supplies can be reordered when needed by the facility and should be used to complete required testing.

Facilities seeking refills of antigen testing supplies, molecular testing supplies, or other types of testing assistance should complete [the state's testing assistance request template](#). MDHHS recommends facilities reorder supplies no less than two weeks in advance of a supply shortage to allow for processing time.

**What do we need to know about antigen testing?**

[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

Facilities should review [MDHHS guidance on antigen testing](#) very carefully. It includes additional steps that a facility must take to use the testing supplies provided, including obtaining a CLIA waiver. Facilities may not use the antigen testing supplies provided before completing these steps.

**We are concerned about false positive test results. How do we mitigate the risk of false positives?**

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Rapid antigen tests are both efficient and reliable. They have been used successfully in a variety of settings around the state, including K-12 schools, higher education, correctional facilities, hospitals and clinics. They assure broad access to testing outside of healthcare facilities and allow for immediate isolation of cases based on point of entry results. Like all tests for COVID-19, results from antigen tests should always be interpreted in the context of the exposure history and clinical presentation.

In some cases, antigen test results should be confirmed by a molecular test; MDHHS antigen testing guidance provides [flowcharts showing when test results should be confirmed](#) with molecular testing for patients [with symptoms](#) or [without symptoms](#).

Confirmatory molecular tests can be sent to the State of Michigan Bureau of Laboratories at no cost to the facility. [Instructions for how to send confirmatory PCR tests to the Bureau of Labs can be found here](#).

### **Reporting of Antigen Tests**

**If a facility completes the MDHHS Antigen reporting form, is that information reported to both state and local public health? Does the facility need to also fax results to the local health department?**

Information reported through the Antigen [online reporting form](#) is submitted to both state and local public health officials. HFAs and AFCs using this method of reporting do not need to separately report to local public health.

**How does a facility report if using a test other than Binax (e.g., BD or other antigen tests)?**

The MDHHS Antigen online reporting form can be used to report BinaxNOW, CareStart, and BD Veritor antigen tests. Certified Nursing Homes may opt to instead report results for antigen tests through NHSN.

### **Consent for Testing**

**What is the protocol for resident/staff who refuse the COVID-19 test?**

Residents

- Residents, or their medical powers of attorney, have the right to decline testing. Clinical discussions about testing may include alternative specimen collection sources that may be more acceptable to residents than nasopharyngeal swabs (e.g., anterior nares). Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents and their medical powers of attorney.
- If a resident has symptoms consistent with COVID-19, but declines testing, they should remain on Transmission-Based Precautions until they meet the symptom-based criteria for discontinuation (see CDC guidance for additional information).
- If a resident is asymptomatic and declines testing at the time of facility-wide testing, decisions on placing the resident on Transmission-Based Precautions for COVID-19 or

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providing usual care should be based on whether the facility has evidence suggesting SARS-CoV-2 transmission (i.e., confirmed infection in Health Care Personnel (HCP) or nursing-home onset infection in a resident).

- Only residents who have a confirmed positive viral test should be moved to COVID-19-designated units or facilities.

**Staff:**

- If staff with symptoms consistent with COVID-19 decline testing, they should be presumed to have COVID-19 and excluded from work. Return to work decisions should be based on COVID-19 return to work guidance at the discretion of the facility's occupational health program.
- If asymptomatic staff decline testing, the staff member must avoid contact with all residents. All staff should be trained in proper use of personal protective equipment (PPE), including universal facemask policies, hand hygiene, and other measures needed to stop transmission of SARS-CoV-2. Staff are expected to follow all safety precautions, including use of PPE, at all times.

Note: Each facility's testing plan must include a procedure addressing how the facility will handle:

- Residents who decline testing or are unable to be tested;
- Employees who decline without medical justification (including documentation that specifies how the employee will be excluded from direct contact with residents);
- Prospective indoor visitors who decline testing should the facility have a visitor testing policy.

**What is the procedure when a person with power of attorney consents to the test, but the resident does not assent?**

If a resident has impaired decision-making, based on an appropriate clinical assessment, a legally authorized decision-maker (e.g., durable medical power of attorney, a guardian or parent) should be consulted and may consent on behalf of the resident. If a resident's durable medical power of attorney consents to the testing, but the resident refuses to have a sample collected, facilities should treat this as a declination to be tested and follow the procedure developed.

**What is the guidance for dementia residents who resist and/or are combative with testing?**

Any resident can opt out of the testing and this would not be considered a violation of the order. Each facility's testing plan must include a procedure for addressing residents who decline testing or are unable to be tested and the facility should follow their documented plan in these instances.

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**Do facilities need to make an accommodation for employees who refuse a COVID-19 test for a medical, disability or religious reason?**

Yes. An employer's ADA responsibilities to individuals continue during the COVID -19 pandemic, we encourage employers to review EEOC guidance here:

<https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>

**Initial Testing**

**How is "initial testing" defined with respect to newly hired staff?**

Newly hired staff must complete initial testing and receive a negative test prior to any work involving resident contact.

**Intake Testing**

**Does the testing requirement of all new or returning residents during intake unless tested within the last 72 hours include dialysis, doctor visits, or ER visits that do not result in hospital admission?**

No.

**When a patient/resident is discharged from the hospital, should testing be conducted by the hospital or LTC facility?**

This should be discussed between the hospital and the LTC facility as part of the discharge planning process. MDHHS does not specify who must conduct the testing, but does require that any new or returning resident who has not been tested in last 72 hours be tested by the LTC facility upon intake. If the hospital performs the test before discharge, the facility does not need to complete testing unless the hospital-administered test falls outside of this 72-hour window.

Intake testing does not apply to asymptomatic individuals who have recovered from COVID-19 in the past 3 months.

**Routine Staff Testing**

**What criteria should facilities use to determine who should be included in the staff testing requirements?**

"Staff" is defined in the order as including employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facilities listed above, as well as students in the facility's training programs or from affiliated academic institutions.

**What is the definition of "resident contact"?**

Resident contact is defined as providing direct care for a resident which may include, but is not limited to, assisting with activities of daily living, physical assessments, taking vital signs, medication administration, indwelling device care, wound care, providing physical/occupational/speech therapy services, assistance with socializing and wellness activities. Resident contact is also defined as being within 6 feet of one or more residents for ≥15 minutes. Please see CDC guidelines for additional context:

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> and  
<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.

**What is the process for testing for hospice staff or other contractors providing services in facilities?**

Staff contracted with facilities to provide hospice or other services can be tested using the MDHHS-supplied antigen tests. MDHHS will reimburse the facility for the specimen collection-related costs incurred to test these staff.

**Some of our staff or contractors work in multiple facilities. Do they need to be tested weekly at each facility?**

Staff who work in multiple facilities may use negative test results from one test (each week) to fulfill the testing requirement at all facilities subject to the weekly testing required under the MDHHS Emergency Order.

**Can the employer excuse an employee who is on vacation from weekly testing? Do they have to be tested on schedule if they are on scheduled vacation?**

Yes, an employer may excuse an employee who is on vacation or otherwise not reporting to work from weekly testing.

**In order to schedule weekly testing, homes need to schedule this over 5 days. Does it have to be an exact 7 days between test or can this be + 2 days to allow for days off and sick days?**

MDHHS interprets weekly testing to require one test per calendar week (Sunday to Saturday). Facilities do not need to schedule exactly every 7 days, given the operational difficulty of doing so.

**If staff testing for antibodies reveal they have COVID-19 antibodies, are they still subject to weekly testing if asymptomatic?**

Yes. Antibody testing should not be used as a basis to diagnose active COVID-19 infection. This testing can only indicate whether an individual has *ever* had a COVID-19 infection or possibly from infection with a related coronavirus, such as one that causes the common cold, not whether they have an *active* infection. Significant questions remain around what, if any, immunity antibodies provide to COVID-19 and how long this protection might last, as well as around the sensitivity and specificity of many antibody tests. Therefore, antibody tests should not be used to diagnose COVID-19 and should not be used to inform infection prevention actions.

**Can an employee be terminated for refusing to be tested?**

An employee who refuses to test without medical justification must not be permitted to have any direct care duties and responsibilities for, or have direct contact with, any of the facility's residents. Facilities that have employees refusing to test are responsible to ensure such direct contact is avoided, and the facility as an employer would be responsible for making any and all employment decisions are in concert with their own collective bargaining agreements (if applicable), policies and handbooks, as well as any applicable state and federal laws.

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**What support is available to facilities in the event staff who test positive or refuse testing creates a critical staffing shortage? Will supports be available in all geographic locations?**

To assist with staffing shortages at long-term care facilities due to COVID-19, MDHHS is offering Rapid Response Staffing Resources statewide. Staffing resources will include registered nurses, certified nursing assistants, personal care aides or resident care assistants. More information on how to access Rapid Response Staffing, the criteria to qualify, and frequently asked questions can be found [here](#).

**Weekly Testing in Facilities with Positive Cases**

**When there is weekly testing required for positive case, what is the current guidance for re-testing residents or staff who have tested positive?**

CDC has provided [updated guidance](#) and [FAQs](#) regarding re-testing residents or staff who have tested positive:

- 1) If resident or staff was PCR + within the past 3 months and are now asymptomatic, do not retest as part of facility-wide testing.
- 2) If resident or staff was PCR + more than 3 months ago and are asymptomatic, include in facility-wide testing.
- 3) If resident or staff was PCR + within the past 3 months and they become symptomatic again after recovering from initial illness, evaluate current illness and retesting for SARS-CoV-2 may be warranted if alternative etiologies for the illness cannot be identified.
- 4) If resident or staff was PCR + more than 3 months ago and they become symptomatic again after recovering from initial illness, retest and if positive should be considered potentially infectious and remain in isolation precautions until [discontinuation criteria](#) or excluded from work until [return to work criteria](#) can be met.

**An administrative staff member tested positive for COVID-19. They are asymptomatic, and do not interact with residents directly, but were working within their office in the building. Would this positive case require weekly testing of staff and residents for the 14-day time period if this is the only positive case identified?**

Yes. A positive case among any staff member, regardless of whether they have contact with residents, triggers the requirement for weekly testing of all residents and staff, until the testing identifies no new cases for a period of at least 14 days since the most recent positive result.

**If a facility accepts a COVID-positive individual being discharged from a hospital, does this trigger the requirement to conduct weekly testing of all residents and staff (concluding 14 days after the most recent positive result)?**



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No. This testing requirement applies in response to a facility-acquired case (staff or resident). The requirement does not apply to acceptance of an individual already known to test positive for COVID-19.

**If a staff member is out of a facility for an extended period (e.g., medical leave) and has recently tested positive, but has had no resident or staff contact, must facility begin weekly testing of all residents and staff?**

If the staff member did not work in the 48 hours prior to the first start of symptoms and has had no contact with residents or other staff since start of symptoms, then the facility would not need to do weekly testing. This staff member should be excluded from work until return-to-work criteria can be met.