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Note: The below FAQs are as of June 21, 2021. With things changing rapidly, please check back often for updates.

What MDHHS Epidemic Orders apply to our AFC or HFA?

The most recent MDHHS Epidemic Orders can be found here.

The main MDHHS Epidemic Orders that apply to AFCs and HFAs are Requirements for Residential Care Facilities and Testing in Skilled Nursing Facilities, Homes for the Aged and Adult Foster Care.

MDHHS has provided Frequently Asked Questions and adopted Centers for Medicare and Medicaid Services (CMS) guidance QSO-2039-NH for the Requirements for Residential Care Facilities.

Do AFC and HFA staff and visitors have to wear a mask in the presence of residents?

Yes. MDHHS considers an AFC and HFA a health care facility. Per **MIOSHA Emergency Rules**, Rule 6(4), fully vaccinated (and unvaccinated) people must continue to wear a mask indoors. While MDHHS rescinded the Gatherings and Face Mask Order effective June 22, 2021, at 12:01 AM, masks are still required in residential care facilities which included AFCs and HFAs.

Can a licensee staff their facilities with fewer direct care workers as a result of the current shortage of available and willing employees?

No, the required staff-to-resident ratio has not been reduced in response to current staffing challenges. Licensees are expected to schedule as many staff as are required to ensure the care needs, protection and safety of residents are met as indicated by resident assessment and treatment plans.

With residents receiving additional stimulus checks, can the licensee hold additional money for a resident to allow them to spend down that money like what was allowed during the first round of stimulus checks?

Licensing Rule 315 (6) for small and large group homes and Rule 21 (5) for family homes prohibit the licensee from accepting more than $200 from any resident. If a resident does not have a guardian, financial Power of Attorney, payor, etc. then AFC licensing will allow the licensee to temporarily hold up to $200 plus any stimulus money the resident may have received. The licensee may hold this extra stimulus money for up to 90 calendar days after it is received by the licensee. A listing of all valuables that are accepted by the licensee for safekeeping (including any stimulus money) must be maintained in accordance with Rule 315 (4) for small and large group homes and Rule 21 (3). The licensee shall either help the resident set up a bank account or have the resident spend down their account (to $200 or less) within 90 days of the licensee's receipt of a resident's stimulus money to hold.

The CDC released guidance to not be tuberculosis (TB) tested between someone's first COVID vaccine shot and 4 weeks after their second booster COVID vaccine shot. How will licensing handle if a

resident is admitted or new staff starts prior to receiving a TB test? Or existing staff is overdue for any subsequential TB test?

See CDC Interim Clinical Considerations, particularly the Section titled "Laboratory Testing". Below is the applicable excerpt:

"For healthcare personnel or patients who require baseline TB testing (at onboarding or entry into facilities) at the same time they are to receive an mRNA COVID-19 vaccine:

- Perform TB symptom screening on all healthcare personnel or patients.
- If utilizing the IGRA, draw blood for interferon gamma release assay prior to COVID-19 vaccination.
- If utilizing the TST, place prior to COVID-19 vaccination.
- If vaccination has been given and testing needs to be performed, defer TST or IGRA until 4 weeks after COVID-19 vaccine 2-dose completion.
    - All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying TST/IGRA with their providers.

For healthcare personnel who require testing for other reasons:

- Perform TB symptom screening on all healthcare personnel.
- Test for infection should be done before or at the same time as the administration of COVID-19 vaccination. If this is not possible, prioritization of test for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and TB risk factors.
    - Healthcare personnel with high-risk conditions for TB progression should be fully evaluated as soon as possible.
    - Healthcare personnel without high-risk conditions for TB progression should proceed with contact tracing (i.e., symptom screening, chest radiograph or other imaging, specimen for microbiologic evaluation) but delay test for TB infection (TST or IGRA) if prioritized for receiving COVID-19 vaccination.
    - All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying TST/IGRA with their providers."

Licensing will not cite a facility if they are following this CDC guidance, clearly documenting dates the staff or resident received both doses of COVID-19 vaccine and can show they are or will be scheduled to be TB tested 4 weeks after their second COVID-19 vaccine shot or shortly thereafter.

Do I need to submit an incident report to licensing if a staff member tests positive for COVID-19?

For AFCs, it is not required that an incident report be submitted if a staff person tests positive for COVID-19. It is recommended that you notify your licensing consultant so that they can assist with

making sure that the facility has taken proper precautions and is able to maintain proper staffing for the home.

For HFAs, an incident report is required if a resident suffers or is at risk of more that minimal harm. A staff person who tests positive could have expose a resident or "put the resident at risk of more than minimal harm". For this reason, HFAs must submit an incident report when a staff person tests positive for COVID-19. Names of the staff that tested positive do not need to be included in the incident reports and can be discussed verbally with your HFA licensing staff.

Note: The MDHHS Order requires that the presence of a COVID-19 affected resident or staff be reported to your local health department.

A resident of our home has respiratory illness symptoms. Should they be transferred to the hospital?

- If the resident needs immediate medical attention because of their symptoms, then the facility shall call 911.
- If the resident has symptoms but does not need immediate medical attention, the facility should contact the resident's doctor for guidance and to determine whether transfer to the hospital is necessary. The doctor can also advise if a COVID-19 test is necessary.
- If the doctor decides transfer to the ER is not necessary but the resident is presenting symptoms of a respiratory illness, the facility should follow protocols and CDC recommendations as if the resident was COVID-19 positive.
- If EMS is called and arrives at your facility, they may evaluate the resident onsite and may make the call if the resident meets the criteria to be transferred to the hospital or if the resident can currently be cared for at your facility.

Some suggestions on ways to minimize potential spread of the virus include:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase availability and accessibility of alcohol-based hand rubs, reinforce strong hand-hygiene practices, no touch receptacles for disposal, and facemasks as directed by CDC or MDHHS guidance.
- Use cloth masks when unable to secure disposable masks.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of equipment, etc., between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (phones, etc.).

A resident of our home has been transferred to the hospital/ER with respiratory illness symptoms or has tested positive for COVID-19 and the hospital is wanting to discharge them back to our facility. Do we have to take them?

Facilities should be asking questions of the hospital such as the following before the hospital discharges the resident back to their facility.

- Does the resident meet criteria outlined in the CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings?
- Does the facility have the needed PPE (Personal Protective Equipment) or medical staff available to meet the resident's needs?
- Can the facility reasonably isolate the resident in a private room within the facility?

Hospitals should provide guidance on precautions (if any) that the facility should take to protect staff and other residents. If the hospital is recommending staff use PPE (gloves, masks, etc.) and the facility does not have any nor can they get any, they should discuss that with the hospital discharge planner to see if they can assist the facility in getting needed items before the resident is discharged.

Do I need to get references, verification of education, etc. before hiring a new staff person?

Facilities need to balance the immediate need for staff with the safety of the residents. While licensing will be lenient on timeframes and information that is gathered while the MDHHS order for "Requirements for Residential Care Facilities" is in effect (until MDHHS lifts the order), it is recommended that facilities do not allow a new staff person to work alone at the facility while gathering required paperwork for new hires.

We have an isolation area within our facility. Does this area need to participate in fire drills?

For HFA: Drills may be modified for isolation areas to ensure proper infection control. However, the remainder of the facility must conduct fire drills as normal. Patient Isolation areas that are not part of the drill should be documented and additional documented staff training should be implemented for those areas.

For AFC: Drills may be modified for isolation areas to ensure proper infection control. For example, if a resident is under quarantine within the facility, that resident is not expected to participate. However, the remainder of facility must conduct drills as normal. Patient isolation areas that are not part of the drill should be documented and additional documented staff training should be implemented for those areas.

BFS inspectors are available to you to assist in determining appropriate drill procedures for your facility.

Can we require symptomatic residents to be quarantined/isolated?

Yes, a facility can require a resident to quarantine (if exposed or isolate (if ill or contagious) in their room if that guidance was given by a doctor or other health professional due to symptoms or a positive COVID-19 test. The order to quarantine or isolate the resident could also be given from a local health department official. This would not be considered a violation of the resident's rights to freedom of movement as the facility is following the health professional or health department official's order.

Can residents visit with family and friends outdoors?

Yes, outdoor visits are the preferred visitation method. See MDHHS Order and referenced CMS memorandum QSO-20-39-NH for more info.

Can residents visit with family and friends indoors?

Yes, in most instances. See MDHHS order and more specifically referenced CMS memorandum QSO-20-39-NH for a few circumstances when indoor visitation should be limited due to a high risk of COVID-19 transmission.

Are residents allowed to go into the community?

A resident that has been assessed as being able to enter the community safely can do so. However, if a resident does leave the facility, the facility can ask screening questions and depending on where the resident went, who they were in contact with, etc., the facility could require the resident to be quarantined within the home upon return. Residents should only be quarantined if the screening questions reveal that the resident was exposed to someone that tested positive or had symptoms of COVID-19 or the resident themselves have COVID-19 symptoms. If a home is unsure if a resident should be quarantined or not, you may want to consult with your local health department, the MDHHS IPRAT team or the resident's primary care physician for guidance. At this time, it is advised (but not required) that homes educate residents on the associated risk of leaving the facility and educate residents on social distancing, hand hygiene, wearing a mask in public, etc. to limit the resident's risk when outside the facility. The facility must allow the resident to return to their home.

Can the state help secure testing supplies? How do I get them?

MDHHS has set up a link for requesting testing assistance. It is
https://www.cms.gov/files/document/qso-20-39-nh.pdf
MDHHS has also published an HFA and AFC COVID-19 Testing Financial Guidance and associated Testing Reimbursement Form to support facilities in implementing their testing plans.

I am having trouble staffing my building because staff are COVID positive. What resources are available to help?

MDHHS has contracted with 3 agencies that may be able to assist with temporary staffing if certain criteria is met. Please see additional info at RRS_Guidance_for_LTC_Facilities_Program_Updates_Oct_2020_FINAL_706611_7.pdf (michigan.gov). In addition, consider reaching out to your licensing consultant, residents, resident guardians, and resident family members about other possible temporary solutions such as consolidation facilities, residents temporarily going home with family, local EMS temporarily staffing the home, etc.

I am still having trouble securing needed PPE? What resources are available to help my facility find the needed PPE?

Contact your Regional Healthcare Coalition. Early in the pandemic many Healthcare Coalitions were reserving PPE for hospitals and nursing homes, however many now have needed supplies and are able to provide them to HFAs and AFCs. Information on how to contact your Regional Healthcare Coalition can be found at https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54826_56171-237197--,00.html#hcc.